WINCHESTER MEDICAL CENTER

FOIA Data Base - The Law Office of Jeffrey J. Downey, serving clients in Washington D.C., Virginia and Maryland

If you have been injured in a nursing home or assisted living facility or suffered an injury due to medical malpractice, call the Law Office ofJeffrey J. Downey for a free consultation.

Phone: 703-564-7318; email: jdowney@jeffdowney.com

Winchester Medical Center 1840 Amherst Street, P.O. Box 3340, Winchester, VA 22601

Characteristics:

- Non-Stock Corporate hospital with 425 beds
- Legal Business Name Winchester Medical Center, Inc.
- Senior Vice President Grady W. Philips, III
- <u>https://valleyhealthlink.com/winchester-medical-center</u>

As of April 2021, Winchester Medical Center is listed by the Centers for Medicare and Medicaid Services as a three-star facility on a scale to five at www.medicare.gov.

Researching Hospitals

A note by attorney Jeffrey J. Downey:

Thank you for visiting my website. Anyone who is considering the admission of a loved one into a hospital should undertake a review of surveys or other data that will provide a snapshot of some of the issues or problems that the facility is experiencing. Keep in mind that this information can be limited and may not reflect the actual condition of the facility when your loved one is admitted. You should consider personal visits of any facility you are evaluating.

The Virginia Department of Health inspects hospitals including the Winchester Medical Center in Winchester, Virginia. Periodically they do inspections as complaint surveys which should be public record.

I am interested in any additional information you may have on this facility. Please call me with any question about this or any other facility you may be interested in searching or prosecuting civilly for patient neglect or abuse.

If you have a concern or complaint about a hospital in Virginia, there are several ways to file your complaint:

- 1) Write to the Virginia Department of Health Professions, Enforcement Division perimeter Center, 9960 Mayland Drive, Suite 300, Henrico, VA 23233-1463
- 2) Fax complaint form at (804) 527-4424
- 3) Email enfcomplaints@dhp.viriginia.com
- 4) Online http://www.dhp.virginia.gov/Complaints/

Having already researched Winchester Medical Center in Winchester, Virginia, and obtained FOIA responses, I am posting these statements of deficiencies here, in a searchable format. Keep in mind that these surveys have been altered during the conversion process and you should update your search results.

Disclaimer: Information is built using data sources published by Centers for Medicare & Medicaid Services (CMS) under Freedom of Information Act (FOIA). The information disclosed on the NPI Registry are FOIA-disclosable and are required to be disclosed under the FOIA and the FOIA amendments to the FOIA. There is no way to 'opt out' or 'suppress' the NPPES record data for health care providers with active NPIs. Some documents may not be accurately copied and some results may have changed upon appeal, which may not be noted here.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

C ENIE	<u>R S FOR MEDICARE (</u>	& MEDICAID SERVICES				OMB NO). 0938-0391
STATEMENT OF DEFICIENCIES {X1} MOV!OER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILOING		()(3) DATE SURVEY COMPLETED		
		490005	8WING	8WING		12/	/1412020
	ROVIDER OR SUPPLIER			18	TREET ADDRESS, CITY, STATE, ZIP CODE 340 AMHERST ST /INCHESTER, VA 22801		
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	I INITIAL COMMENTS An unannounced Me investigation was con two (2) Medical Facilit Virginia Department o and Certification. As for Medicare and Med Conditions of Particip 482.13 - Patient Righ 482.23- Nursing Servi 482.42- Infection Con Complaint #VA00050 substantiated with no identified.	dicare/Medicaid complaint ducted on 12/14/2020 by y Inspectors from the f Health, Office of Licensure directed by CMS (Centers icaid Services) the following ation were reviewed: ts ces trol 062 was found to be deficient practices npliance with 42 CFR Part rticipation for Hospitals (last	A	000			
LABORATORY [DIRECTOR'S OR PROVIDER/S	UPPLIER REPRESENTATIVE'S SIGNATUR	E		TITLE		(X6JDATE

Ally deliciency statement eoding with an **asterisk**(') denotes I deficiency which the Institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disdosable 90 days following the date of Survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction ate **disdosable** 1-4 days following the date these documents **are** made available to the facility. If deficiencies are cited, an epproved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Pr.vious Versions Obsolete

	MENT OF HEALTH AN				FOR	ED: 02/11/2021 MAPPROVED
STATEMENT (S FOR MEDICARE & OF DEFICIENCIES CORRECTION	MEDICAID SE8V/ IC f\$ (X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER	· · /	PLE CONSTRUCTION IG 05 - ORTHO AND NEURO	(X3) DATE	D. 0938-0391 SURVEY PLETED
		490005	B. 'MNG		08	/13/2019
NAME OF P	ROVIDER OR SUPPLIER			STREET NODRESSCITY, STATEZIP CODE	00	10/2012
WINCHES	TER MEDICAL CENTER			1U0 AMHERST ST WINCHESTER, VA 22601		
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K 000	INITIAL COMMENTS		KOO	00		
	building with a 56 bed	rre: The facility is a 4 story I neuro diagnostic and ed on the 4th floor with a (222).				
	Sprinkler status: The building.	facility is a fully sprinklered				
	survey was conducted 08/13/2019 in accorda Federal Regulation, P Hospitals. The facility compliance using the regulations. The facili	Part 460 Conditions for				
	initial certification surv 4th floor identified as	0:00 AM to 1:30 PM, an vey was conducted on the a 56 bed neuro diagnostics Observations during the deficiencies.				
		UPPLIER REPRESENTATIVE'S SIGNATURE	-	TITLE		(X8)DATE

Any deficiency statement ending with an asterisk (') denotes a deficiency which the institution may be excused from correcting providing It Is detennined that other safeguards provide sufficient protection to the patients (See instructions.) Except for nu ing homes, the findings slated **above** are discloseble 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made **available** to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTER	<u>S FOR MEDICARE & N</u>	IEDICAID SERVICES	_			OMB NC). Q938-039 1
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A000	unannounced compla was conducted on Ju 2020 by one (1) Medi the Office of Licensur Department of Health The investigation was COVID-19 pandemic Appendix A-Survey P Interpretive Guideline determine compliance Conditions of Particip 482.13 Patient Rights The complaint was in	Medicare/Medicaid Services) int survey (VA00049156) ly 7, 2020 through July 13, cal Facilities Inspector from e and Certification, Virginia s conducted during the c. rotocol Regulations and s for Hospitals were used to e with the following ation:	A	.000			
LABORATORY	NRECTOR'S OR PROVIDER/S	UPPLIER REPRESENTATIVE'S SIGNATURE			TinE		0(el0,\TE

Arry deficiency statement ending with **an** asterisk(') denotes a deficiency which the institution may **be** excused from correcting providing it is determined that other safeguards provide sufficient protedion to the patients (se& instructiol\\$.) Except for nursing homes, the findings stated abDve are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction **are** disclosable 14 days foll<7Ning the date then documents are made available to the facility. If deficiencies are cited, an approved plan of correctiOn is requisite to continued **program participation**.

FORM CMS-2567(02-99) Pre iOIJs Vet3ions Obsolete

Virginia Department of Health Office of Licensure and Certification

CORREr: TED COPY

Application for Hospital Licensure

Complete all fields. Incomplete or Inaccurate applications will be returned. Any changes affecting the accuracy of the information contained herein must be reported in writing immediately to the VDH Office of Licensure and Certification.

Application type	Lfcenat vear: 2017			
Application is for: 0 Initial Licensure 181 Ucense Renewal 0 Change of Address Change of Ownership	D Change In bed capacity during lioensure period D Addition of freestanding facilities D Addition of programs or services			
All sections of this application must be completed for all application types				

Hospital identification	The second s	A STREET WITCH STREET		
Name of hospitaf			Main Teleph	
Winchester Medical Center			(5401 536-	8000
Street Address		7	Fax	
1840 Amherst Street			(540) 536-	7847
		-		
Winchester			VA	22601
Web Address		Federal Employe	r ID Number:	
vallevhealthUnk.com		54-0505979		
Mailing address (if different from above)				
P.O. Box 3340 1840 Amherst Street				
City	State	9	Zip	
Winchester	VA		22601	

AimIni.stratooofrecordrJf.diffece11t than <> Wn r/	perator
Name: Grady 'Skip' Philips, III	Title: WMC President, VH SR VP
TeleDhone Number: (540) 536-8021	Email Address: oohiliosf.walleyhealthlink.com

is any part or program of the hospital licensed by another stat	e agency: No 🛛 Tes
If Yes,	Program/
Agency name: VA DepartmentofBehavioralHealth	part: Adult Psychiatric Program
	Program/
Agency name:	Part:
	Program/
Agency name:	Part: RECEIVED
	NEOEIVED
	DEC 16 2016

VDHIOLC

VDWOffice of Licensure and Certification Application for Inpatient Hospital Licensure

Co.mpllaric.w Ithcondt!oned.certifi tee of P.Ublic Need (COPN

The facility has reviewed its COPNs and has determined that:

1. No conditioned COPNs are applicable to the facility: Yes D No D OR

2. Conditioned COPNs are applicable to the facility and the facility has met the conditioned requirements: Yes181 No0 Pursuant to § 32.M 02.2 C, a license cannot be renewed if the agreed upon conditions have not been met.

Ownership of the hospital	a while and a		2 2
Hospital Owner: Winchester Medical Center, Inc.			Number: - 536-8000
Street Address: 1840 Amherst Street			Number: -536-7847
City: Winchester	County:	State VA	e: JZip: 22601
Chief Executive Officer: <u>Mark M. Merrill- Valley Health Svstems</u> Chief Financial Officer:		mme	il Address: errIII@valleyhealthlink.com Address:
Bob Amos			os@vallevheathlink.com

				A :
Address:		Address:	PECEIVE	D
City:	Count	ty:	State: Zip	:
Street Address:	-			
Operator Name:		- /	Fax:	
pital operated by the	owner?	DHospitalauthority Other:		
B Partnership Limited Liabilly Co. Individual Other:	Chuch 181 Corporation Other:	County ☐ City Multijurisdictional	54-0505979	
D Corporation	O Charitable organization	<u>□ state</u>	Number:	
pe of Ownership and Cor	ntrol Not for Profit	Public:	ral ID	

VDWOffice of Lioensure and Certification Application for Inpatient Hospital Licensure

А. Т	${f D}$ Rural hospita ${f D}$ Long tenn car ${f D}$ Specialty hos	te care hospital e care hospital I { Critical acc re hospital (LT pital for childre	excluding obstetrics ess hospital) ACH) en	Specialty medical hospit D Specialty rehabilitation ☐ Other.	al hospital Inding facility to be included on
this	license.	5. Allaon a 1151	or manuf in manie and comple		inding lacinty to be included of
C.	Certification:	${f n}$ None	D Medicare	Medicaid	CLIA
D.	Accreditation:	D None	IZI The Joint Commission	Accreditation period	<u>1: 6/2016- 6/</u> 2019
	Other: Medicare-I	MedicaidHom	e Health	Accreditation jei riod	: 1/2016- 1/2017
	Other:			Accreditation pernor	d:

PatlentflJVlce s offi red:	C. Realized and		
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Service	H F	Service	HF
Burn Unit		Psychiatric/substance abuse selVices	\boxtimes
Cardiac care		Rehabilitation or therapy	\boxtimes
CLIA lab		Renal dialysis	
Diagnostic ImagJng]	t81 1ZI	[<u>tZIRe</u> ratory/pulmona_!}' ervic_es	
Emergency services	0 <u>D</u>	.I.[g] <u>Stroke (C; VA} car</u>	
Medical/surgical Intensive care	<u></u>	L <u>Skilled LTC nursing</u> Trauma	,
	· · · · · · · · · · · · · · · · · · ·		
Nuclear medicine	l)<] (:g]		A States
Obstetric	Provent and	⊠Level II	
Or n ansplant	the state		
Outpatient surgical		Ventilator	
Pediatric		and the state of the state of the	
⊠ Perinatal	He Had Lot	For Office Use ONLY	
Basic			
DIntermediate (also provides Basic care)		Total Licensed	10 313 12
181 Specialty (also provides Basic and Interr	1	Beds Approved: Date:	
DSubspecialty (also provides Basic, Interr	nediate and		
Soecialty care		91	
BedCIP, i. L.		all	- Alexander
Total number of authorized beds:	425	Total number of authorized inf	i.J.o. 44
(excluding infant care stations, emergency	420		VIt0 44
department beds/stretchers, observation beds,			
recove room beds, labor room beds			20
10011 bed3, 1abor 10011 bed3			
		3 VOH /	OLC

VDff/Office of Licensure and Certification Application for Inpatient Hospital Licensure

PF.ID-A\	
I, <u>GUo>k</u> W . $\underbrace{0:1, Y, S.11}_{in this application is truecorrect, and all federal state and local$, hereby swear (or affirm) that the information contained laws and regulations have been complied with.
<u>S'IIP,1Jt1s('P,1c,LJ</u> Signature and TitleofAant	<u>4'blc</u> , <u>1/,ill</u> , Date 7

<u>Uoenaita filer:vice)</u>1t,e1 Pursuant to 32.1-130 of the Code of Virginia, the fee for each initial and renewal license is determined as follows:

> \$1.50 per patient bed Not less than \$75.00 but not more than \$500.00.

Return this completed application and a check for the fuft licensing fee to:

Acute Care Unit Office of Ucensure and Certification Virginia Department of Health 9960 Mayland Drive, Suite 401 Henrico. Virginia 23227

Questions? Contact the Acute Care Unit at: (804) 367-2107 or OLC-Inquiries@vdh.virginia.gov

RECEIVED

0FC \ 6 2016 V0H/OLC

Attachment to 2017 Hospital Licenses Winchester Medical Center, INC

Freestanding FacIlfties

- Out Patient Diagnostic Center 300 Campus Boulevard Winchester, VA 22601
- Wellness Services: Out Patient Physical/Occupational Therapy 401 Campus Boulevard Winchester, VA 22601
- Center for Wound Care and Hyperbarlc Medicine 1840 Amherst Street Winchester, VA 22601
- Out Patient Behavioral Health Program for Seniors 1014 Amherst Street, Suite 202 Winchester, VA 22601
- Cancer Center: Radiation Oncology 400 Campus Boulevard Winchester, VA 22601
- Chronic Disease Clinics and Programs 333 W. Cork Street Winchester, VA 22601
- Home Health 333 W. Cork Street Winchester, VA 22601
- Rehab: In-Patient and Out-Patient 333 W. Cork Street Winchester, VA 22601
- Winchester Medical Center 1840-1890 Amherst Street Winchester, VA 22601



October 13, 2016

Director, Acute Care Unit Office of Licensure and Certiffcation Virginia Department of Health 9960 Mayland Drive, Suite 401 Henrico, Virginia 23233-1485

Re: Applicati on for Hospital License Renewal - 2017 Winchester Medical Center - H1916

Dear Sir:

Attached is Winchester Medical Center's Application for Hospital License Renewal for 2017, an attachment listing the freestanding facilities, and a check in the amount of \$500.00 for the service charge.

Please do not hesitate to contact me if you have any questions or need additional information.

Regards,

J.xJ

Benita I. Haines WMC Director of Quality/Accreditation S40-S36-8022

Enclosures: Application, Exhibit A, and Check

RECEIVED DEC 16 20t6 VDH/OLC Attachment to Application for Hospital license - 2017 Winchester Medical Center, INC. Exhibit A

Freestanding Facilities

 Out Patient Diagnostic Center 300 Campus Boulevard Winchester, VA 22601

.

- Wellness Services: Out Patient Physical/Occupational Therapy 401 Campus Boulevard Winchester, VA 22601
- Center for Wound Care and Hyperbaric Medicine 1840 Amherst Street Winchester, VA 22601
- Out Patient Behavioral Health Program for Seniors 1014 Amherst Street, Suite 202 Winchester, VA 22601
- Cancer Center: Radiation Oncology 400 Campus Boulevard Winchester, VA 22601
- Chronic Disease Clinics and Programs 333 W. Cork Street Winchester, VA 22601
- Home Health
 333 W. Cork Street
 Winchester, VA 22601
- Rehab: In-Patient and Out-Patient 333 W. Cork Street Wtnchester, VA 22601
- 9. Winchester Medical Center 1840 -1890 Amherst Street Winchester, VA 22601

RECEIVED DEC 16 2016 VOH/OLC



Commonwealth of Virginia Virginia Department of Health

General Hospital License Number: H 1916

In accordance with the provisions of Title 32.1. Chapter 5, Article I, of the Code of Virginia 1950, as amended.

Winchester Medical Center, Inc

(Operator)

is Authorized to Operate,

Winchester Medical Center

(Name of Organization)

a General Hospital located at:

1840 Amherst Street, Winchester, Virginia 22601

Total Bed Capacity Limited to <u>425</u> Expiration 12/31/2018

Marissa J/Levin MD, MPH Sta Commissioner

Erik 0. Bodin, Director 0 ice of Licensure and Certification



Commonwealth of Virginia Virginia Department of Health

General Hospital License Number: **H 1916** In accordance with the provisions of Title 32.1. Chapter 5, Article 1, of the Code of Virginia 1950, as amended.

Winchester **Medical** Center, Inc.

is Authorized to Operate,

Winchester Medical Center (Name of Organtzation)

a General Hospital, located at:

1840 Amherst Street, Winchester, Virginia 22601

Total Bed Capacity Limited to 425 Expiration 12/31/2017



Marissa J. Levin , **M** , MPH, **FAAFP** State Health Co m · sloner

Office of Ucensure and Certification



Department of Health

Marll188 J. Levine, MO, MPH, FAAFP Slate Health **CommisB10ner** Office of Licensure and Certification

TYY7-1-1 OR 1-800-828-1120

December 16, 2016

9960 Mayland Drive , Suite 401 Henrico, Virginia 23233-1485 FAX; (804) 527..-502

President Winchester Medical Center, Inc. 1840 Amherst Street P. 0. Box 3340 Winchesfer, Virginia 22604

RE: WINCHESTER MEDICAL CENTER, INC. Hospital Renewal license Year Ending 2017

Dear President:

Enclosed is Hospital License Number <u>H 1916</u> to operate the above named hospital from the period beginning January 1, 2017 and endins December 31, 2017 for a total physical bed capacity of ill beds.

Hospitals are required to comply with Title 32.1, Chapter 5, Article I of the <u>Code of</u> <u>Virginia</u>, 1950, as amended, and the <u>Rules and Regulations</u> for the <u>Licensure of Hospitals</u> in <u>Yhsinia, Mu 1. 1982</u> (last amended March 5, 2008). Any changes occurring during the approved licensure period which affect the accuracy of the information provided on the licensure application form must be reported, in writing, to the Office of Licensure and Certification

The Office will forward annual license renewal application forms to every licensed hospital at least 60 days prior to the expiration date of the current license. Failure to receive a renewal application form, however, does not release a hospital from the requirements of license renewal.

Should you have any questions regarding the requirement, of hospital licensure, please call Sarah Pendergrass at (804) 367-2017.

S

Erik 0. Bodin, Director

Enclosure



COMPLAINTS 1-800-95\$-1619 LONG TERM CARE (8CM) 367-2100

DIRECTOR (804) 387-2102 ACUTE CARE (804) 38-7 2104

COPN \8041387•2126



Department of Health

Manna J. Levine. MD, MPH. FAAFP State Health Commlasioner

Office of Ucensure and Certification

TYY 7•1-1 OR 1-800-828-1120

September 1.S, 2017

9960 Mayland Drive, Suile 401 Henrico, Virginia 23233-1485 FAX: (804) 527-4502

President Winchester Medical Center, Inc. 1840 Amherst Street - PO Box 3340 Winchester Virginia 22604

Dear President:

The "APPLICATION FOR LICENSE RENEWAL: HOSPITALS" can be downloaded at the Virginia Department of Health Website ltttp:/lwww.vdb.vlrginla.aov/OLC/Dowaloadables/Index.htm {directions will be &iveo on website> for Hospitals for the year ending December 31, 2018. Pleue return the applicatioa with the appropriate service charge to the Office of Liccnsure and CertificatioD by October 20, 2017. The Ucensure renewal procen wW start September 15, 2017 and end December 15, 2017. All renewed Hospital Llce11ses wUJ be malled the week of December 15, 2017, any late renewall received after December 12, 2017 wW be malled the first week of January 2018.

Please be aware of the provisions of the "CARE Ac ' in the 2017 hospital license renewal correspondence to all hospitals. In addition, the amendments to the Regulations for the Licens of Hospitab in Virginia (J 2VACS-410-1175) that were mandated by House Bill 1413 (2015) became effective on April 8, 2016. You can view lbe amended regulations at https://www.bitp.jnaw.lis.virJiniL&QYladmincode/titlel2(ap:encyS/clJlpter410/section1175/

Please be aware that a hospital's renewal license for 2018 cannot be processed until the license application and the appropriate sence charge have been ived aDd approved. Applications will be processed chronologically, ae<:ording to the final receipt date for all necessary information. Hospitals are requimed to have a current state license to be able to operate in the Commonwealth and to be elitible to m:cive federal Medicare/Medicaid funds.

Hospitals need to ensure that they correctly nport any bed chaoges. operator penoonel or ownenblp changes that have occurred since their lut license was luued la order to maintain an accurate record **Of** their fadllty with the State. We urge you to make enry effort to ensure that you responses are accurate, complete **and as** current as possible.

Section 32.1 102.2.C. of the Code of Vlrglala established a n:quirement for the Commissioner of the Virginia Department of Health to condition the n:newal of any license for an applicant whose Certificate of Public Need was gnmted coatingent upon providing a level of care at **a** reduced rate to indigent patients or who agreed to accept palieuts requiring specialized CAN!. You will find that the application contains an attestation, the "CONDMONED **COPN CERTIFICATE**" section. which will report to this office the hospital's status **regarding thae** conditioned certificates.

If you have questiom or need assistance wilh the applicatioa, please contact Sanb Johnson at (804) 367-2107.

E. 0. Bodin. Director

DIRECTOR (804) 387-2102 ACUTE CARE (804) 387-2104

COPN 1804) 387-21:!e



COMPLAINTS 1-800-955-1819 LONG TERM CARE (8041387 -2100



Department of Health Office of Licensure and Certification

M. Norman Oliver, MD, MA State Health Commissioner TYY7-1-1 OR 1-800-828-1120

September 1, 2018

9960 Mayland Drive, Suite 401 Henrico, Virginia 23233-1485 FAX: (804) 527-4502

Administrator Winchester Medical Center 1840 Amherst Street Winchester, VA 22601

Dear Administrator:

Our records Indicate that your hospital license will EXPIRE on December 31, 2018. The Hospital Licensurc Renewal Application for 2019 can be downloaded from our website: <u>www.vdh.vfrginja.Kov/olc</u>. Click on "Downloadable Applications & Forms," choose Inpatient Hospital License Application. Please return the application with the appropriate service charge *to* the Office ofLicensure and Certification by October 19, 2018.

Please be aware that a hospital's renewal license for 2019 cannot be processed until the license application and the appropriate service charge have been received and approved. Applications will be processed chronologically, according to the rmal receipt date for all necessary information. Hospitals are required to have a current state license to be able to operate in the Commonwealth and to be eligible to receive federal Medicare/Medicaid funds.

Hospitals need to ensure that they correctly report any bed changes, operator, personnel or ownership changes that have occurred since their last license was lssaed In order to maintain an accurate record of their facility with the State. We urge you to make every effort to ensure that your responses are accurate, complete and as current as possible.

If you have questions or need assistance with the application, please contact Eric Berthiaume at (804) 367-2104.

Sincerely,



DIRECTOR (804) 387-2102 ACUTE CARE (804) 367-2104

COPN (ao.1) 367•2128



COMf'I,AINTS 1-800-955-1819 LONG TERM CARE (804) 3&7-2UJ0



Department of Health

M. Norman Oliver, MD. MA State Health Commia1Joner

Office of Licensure and Certification

TYY 7-1-1 OR 1-800-828-1120

September 27, 2019

9980 Mayland Drive, Suite 401 Henrico, Virginia 23233-1485 FAX: (804) 527-4502

Administrator Winchester Medical Center 1840 Amherst Street Winchester, VA 2260t

Dear Administrator:

Our records indicate that your Inpatient hospital license will EXPIRE on Detember 31, 2019. Please return the <u>completed</u> application with the service charge according to the number of beds to the Office of Licensurc and Certification (OLC) on or before November 30, 1019.

The 2020 renewal application for inpatienc hospital licensure can be downloaded from the OLC's website: www.ydh.virgjnia.&9v/olc. Click on "Downloadable Applications & Forms," and choose Inpatient Hospital License App lication. Please note that renewal applications cannot be processed until the OLC has received the completed application and the appropriate service charge has been paid. Applications wilt be processed chronologically, according to the final receipt date for all necessary infonnation. Hospitals are required to have a current state license to be able to operate in the Commonwealth and to be eligible to receive federal Medicare/Medicaid funds.

All inpatient hospitals need to ensure that they correctly report any bed changes, operator, personnel or ownership changes that have occurred since their last license was issued. We urge you to make every effort to ensure that your responses arc accurate, complete and as current as possible.

If you have questions or need assistance with the application, please contact Eric Berthiaume at (804) 367-2104.

Sincerely,





DIRECTOR (804) 387-2102 ACUTE CARE (804) 387-2104

COPN

(804) 387-212e www.vdh.vlrglnla.gov

COMPLAINTS 1-800-955-1819

LONG TERM CARE (804) 367-2100



Department of Health Office of Licensure and Certification

M. Norman Olivar, MD, MA State Health Commissioner TYY7·1-1 OR 1-800-82S.1120

September 1, 2020

9960 Mayland Drive, Suite 401 Henrico, Virginia 23233-1485 FAX: (804) S27-4S02

Administrator Winchester Medical Center 1840 Amherst Street Winchester, VA 2260 I

Dear Administrator:

Our records Indicate that your inpatient hospital license will \underline{EXPIRE} on December 31, 2020. Please rerum the <u>completed</u> application with the service charge according to the number of beds to the Office of Licensure and Certification (OLC) on or **before** November 30t 2020.

The 2021 renewal application for inpatient hospital licensurc can be downloaded from the OLC's website: <u>www.vdh.yir&jnia.goy/olc</u>. Click on "Downloadable Applications & Fonns," and choose Inpatient Hospital License Application. Please note that renewal applications cannot be processed until the OLC has received the completed application and the appropriate service charge has been paid. Applications will be processed chronologically, according to the final receipt date for all necessary information. Hospitals are required to have a culTent state license to be able to operate in the Commonwealth and to be eligible to receive federal Medicare/Medicaid funds.

All inpatient hospitals need to ensure that they correctly report any bed changes, operator, persoMel or ownership changes that have occurred since their last license was issued. We urge you to make every effort to ensure that your responses are accurate, complete and as current as possible.

If you have questions or need assistance with the application, please contact Eric Berthiaume at **(804)** 367-2104.

Sincerely,

f,,._*b*,-*j* \$,.,*j*′*j*

Kimberly Beazley, Acting Director

DIRECTOR (804) 387-2102 II.CUTE CARE (804) 387-2104

COPN (804) 387-2126



COMPLAINTS 1-800-955-1819 LONG TERM CARE (804) 387-2100



Virginia Department of Health Office of Licensure and Certification

RECEIVco ' CT 3 f 2017 VDH/OLC

Application for Hospital Licensure

Complete all fields. Incomplete or inaccurate applications will be returned. Any changes affecting the accuracy of the information contained herein must be reported in writing immediately to the VDH Office of Ucensure and Certification.

Application type:	License vear: 2018			
Application is for:				
D Initial Ucensure	$\sum_{n=1}^{n} D$ Change in bed capacity during licensure period			
License Renewal	${ m D}$ Addition of freestanding facilities			
D Change of Address	D Addition of programs or s	ervices		
Chano or on on on on				
All sections of this a colleation must be completed for all a plic	cation types			
Hospitalldentification				
Name of hospital		Main Telephone Number		
Winchester Medical Center Street Address		(540) 536-8000		
		Fax		
1840 Amherst Street		(540)536-7847 State Zip		
City jCou ty Winchester		VA Zip Zip		
Whichester Web Address				
valle1healthlink.com	54-0505979	ver ID Number:		
Mailing address {if different from above)	34-0303979			
PO Box 3340				
City		Zip		
Winchester	/ State VA	22601		
Wholester	V Z 1	22001		
ciml nistt ator of recordr if different lhan owner/perator				
Name: Grady "Skip" Philips, III	Title: • W	/MC President VH SR VP		
Telephone Numbe:r(540) 536-8021	Email Address: aphilios@vall			
Jtll11ypa,t r program of th, hosl)itat lfcen ed b nother	state agency: 🔲 No 🖾 ``	(es		
If Yes,	Program/			
Aaency name: VA Deoartment of Behavioral Health		svcn1atnc 1-'roaram		
	Program/			
Aaencv name:	Part:			
	Program/			
Aaencv name:	Part:			
1		I		

VDH/Office of Licensure and Certification Application for Inpatient Hospital Licensure

Compliancewith conditioned Certificates of Public Ne d (COPN)

The facility has reviewedits COPNs and has determined that:

1. No conditioned COPNs are applicable to the facility: Yes D No D OR

2. Conditioned COPNs are applicable to the facility and the facility has met the conditioned requirements: Yes [8J No D Pursuant to § 32.1-102.2C, a license cannot be renewed if the agreed upon conditions have not been met.

ownership of the hospital			
Hospital		Tel. Number:	
Owner: Winchester Medical Center, Inc.		540-536-8000	
		Fax Number:	
1840 Amherst Street		540-536-7847	
City:	County:	State:	Zip: 22601
Winchester	·	VA	22601
Chief Executive Officer:		Email Address	S:
Mark M. Merrill - Valley Health Systems		mmerrill(@.valle	eyhealthlink.com
Chief Financial Officer: Email Addres		ss:	
Bob Amos		bamo\$@.valley	healthlink.com

Type of Ownership and Con	trol		
For Profit:	Not for Profit:	Public:	Federal ID
D Corporation	${f D}$ Charitable organizati	ion <u>D</u> <u>State</u>	Number:
D Partnership		D County	54-0505979
D Limited Liability Co.	1:8'.1 Corporation	City	
DIndividual	D Other:	D Multijurisd	ictional
D Other:		D Hospital a	uthority
		D Other:	
Is the hospital operated by the	owner? IXI Yes I	I No If no, con	nplete section below:
Operator			Fax:
Name:			
Street Address:			
City:	C	ounty:	State: Zip:
-	-		
Email		Web	
Address :		Address:	RE r=n,r-:: , t

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VDH.'OLC

VDU/Office of Licensurc and Certification Application for Inpatient Hospital Licensure

A. T	D Rural hospita D Long term ca D Specialty hos	te care hospita te care hospita I (Critical acc are hospital (L spital for childr	al al excluding obstetrics cess hospital) TACH) en	D Specialty medical hos D Specialty rehabilitation D Other:	spital n hospital anding facility to be included	- I I Dn
C.	Certification:	JNone	Medicare	I Medicaid		
	Accreditatioo:	IINone	IX! The Joint Commissi	on Accreditation period	1: 06/2016- 06/2019	
D	Other Medicare	-Medicaid - H	ome Health	Accreditation period	1· 01/2016 - 01/2018	

Other: Accreditation period:			
Patient services offered:			
	H = HOJbiu I r:amoi.s	F = Freestandila	
Service		Service	HF
Bum Unit		X Psychiatric/substance abuse services	
XJ Cardiac care		Rehabilitation or therapy	161
2\$'.I CLIAlab		Renal dialysis	-
Diagnostic imaging	[Xj [X	> <j pulmonary="" respiratory="" services<="" td=""><td></td></j>	
Emergency services		,xJIStroke (CVÁ) care	
${ m X}$ Medical/surgical		Skilled LTC nursing	
Intensive care		C8J Trauma	
Nuclear medicine	X! ½] Level III	
Obstetric		IXILevel II	
Organ transplant		LJ Levell	
>< Outpatient surgical	C8I I.I	[8J Ventilator	· · · · · · · · · · · · · · · · · · ·

o alpation calgreat	C03 L0	Lee Fortmater
Pediatric Perinatal		ForOfficeUseONLY
U Basic D Intermediate (also provides Basic care) [8] Specialty (also provides Basic and Intern D Subspecialty (also provides Basic, Intern Be capacity:	mediate)	Totall Beds Apprpved:
Total number of authorized beds: (excluding infant care stations, emergency department beds/stretchers, observation beds, recovery room beds, labor room beds	425	Total number of authorized infant care stations: 44 (including bassinets, warming stations and isolettes} Do not add to total beR fnaEIV <i>j</i>
		() T.T.I.I.UII



YOH/Office of Licensure and Certification Application for Inpatient Hospital Licensure

AFFIDAVIT

1, <u>Er-adi</u> <u>I.vi. ".5Klp"</u> Phii L pS, ill <u>>, e:</u> <u>VMc/ \'t 1.</u>).-' r {y swear {or affirm} that the information contained in this application is true and correct, and all federal state and local laws and regulationshave been complied with.

Signatureand Title of Applicam

Licensig (service) fees

Pursuant to 32.1-130of the Code of Virginia, the fee for each initial and renewal license is determined as follows:

\$1.50 per patient bed Not less than \$75.00 but not more than \$500.00.

Return this completed application and a check for the full licensing fee to:

Acute Care Unit Office of Licensure and Certification Virginia Department of Health 9960 Mayland Drive, Suite 401 Henrico, Virginia 23227

Questions? Contact the Acute Care Unit at: (804) 367-2107or OLC-Ingu1ries@vdh.virginia.gov

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RECE\Vc:u

Attachment to 2018 Hospital Licenses Winchester Medical Center, INC Exhibit A Freestanding Facilities

- Out Patient Diagnost ic Center 300 Campus Boulevard Winch ester, VA 22601
- Wellness Services: Out Patient Physical/Occupational Therapy 401 Campus Boulevard Winchester, VA 22601
- Center for Wound Care and Hyperbaric Medicine 1840 Amherst Street Winchester, VA 22601
- Out Patient Behavioral Health Program for Seniors 1014 Amher st Street, Suite 202 Winchester, VA 22601
- Cancer Center: Radiation Oncology 400 Campus Boulevard Winchester, VA 22601
- Chronic Disease Clinics and Programs 333 W. Cork Street Winchester, VA 22601
- Home Health 333 W. Cork Street Winchester, VA 22601
- Rehab: In-Patient and Out-Patient 333 W. Cork Street Winchester, VA 22601
- Winchester Medical Center 1840 -1890 Amherst Street Winchester, VA 22601

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,H 1 :;1f'



Commonwealth of Virginia Virginia Department of Health

General Hospital License Number: H 1916

In accordance with the provisions of Title 32.1. Chapter 5, Article /, of the Code of Virginia 1950, as amended

Winchester Medical Center, Inc

(Operator)

is Authorized to Operate,

Winchester Medical Center

(Name of Organization)

a General Hospital located at:

1840 Amherst Street, Winchester, Virginia 22601

Total Bed Capacity Limited to <u>425</u> Expiration 12/31/2018

/ Erik 0. Bodin, Director 0 ice of Licensure and Certification

Marisfa J/Le^vvine, MD, MPH Sta Commissioner

 (\mathbf{O})



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Virginia Department of Health Office of Llcensure and Certification

Application for Hospital Licensure

Complete all fields. Incomplete or Inaccurate applications will be returned. Any changes affecting the accuracy of the information contain d herein must be reported in writing Immediately to the VDH Office of licensure and Certification.

Application type:	Lisense-vean 2019
Application is for: D Initial Licensure D License Penewal Charle of Address	18] Change In bed capacity during licensure period 0 Addition of freestanding facilitJes D Addition of programs or services
CW/LI/ISIOF is of ithis application must be completed for all appli	cation types,

mincation			
Name of hospital		Main Teleph	none Number
Winchester Medical Center		<u> (</u> 540) 536-8	8000
Street Address		Fax	
1840 Amherst Street		(540) 536-7	7β47
City	County	State	Zip
Winchester		VA	22601
Web Address	Federal	Employer ID Number	:
vallevhealthlink.com	54.050	5979	
MaiMng address (if different from above)			
PO Box3340			
City	State	l Zip	
Winchester	VA	22601	

Name: Grady skip PhiliJ>S. III	Title: WMC President, VH SR VP
Telephone Number: (540) 536-8021 Email Address: gph	llips@valleyhealthlink.com

	11
Stiany part of program of the hospital licensed by another.	No X Yes
lfYes,	Program,
Agency name: VA Department of Behavioral Health	part: Adult Psychiatric Program
	Program/
Agency name:	Pat
	Program1
Agency name:	Pareceived
	ANALY A AN ANALY AND ANALY AND

JUN 0 2019 VOH/OLC

VDH/Offlce of Licensure and Certification **Application for Inpatient Hospital Licensure**

Compliance with conditioned Gertificates of Pula

The facility has reviewed Its COPNs and h as determined that:

1. No conditioned COPNs are applicable to the facRity: Yes $D \$ No D OR

2. CondiUoned COPNs are applicable to the facifity and the facility has met the conditioned requirements: Yes 181 No D Pursuant to§ 32.1-102.2 C.a license cannot be renewed if the agreed upan conditions have not been met.

Ownership of the hospital			
Hospital		Tel. Number:	
Owner: WIncheste'r Medical Center, Inc		540-536-8000	
Street Address:		Fax Number:	
1840 Amherst Street		540-536-784	1
City:	County:	State:	Zip:
Winchester		VA	22601
Chief Executive Officer:		EmaU Addre	SS:
Mark M. MerrlU - Valley Health Systems		mmerrill@vall	<u>eyh</u> ealthllnk.com
Chief Financial Officer:		Eman Address	8.
Bob Amos		bamos@valle	yhealthlink.com

Fax:	
State:	Zip:
RECEIV	
)	ow: Fax: State: RECEIV

VDH/OLC

VDH/Office of Licensure and Certification Application for Inpatient Hospital Licensure

A. Type of heading General acute ca D General acute ca	re hospital excluding obstet ritical access hospital) ospital (LTACH)	D	Specialty medIcal hospita Specialty rehabilitation ho Other:	l		
this Ucense. C. Certification: D. Accreditation: Other:	Attach a list of the full name a None Medica None The Joint C	ire	Medicaid Accreditation peri od: 0 Accreditation per fod:		Included c)n
Other;			Accreditation per iod:			
Patient services offered	H=Hospital camp	US .	F= Emestantling			
Service	H	F	Service Psychiatric/substance ab			F V
Burn Unit			Rehabilitation or therapy		X	

X Cardiac care			
CLIA lab		🔀 Renal dialysis	
Diagnostic imagin.9		Respiratory/pu monary services	
Emergency services		Stroke (CVA) care	
Medical/surgical		Skilled LTCnursing	
Intensive care		🔀 Trauma	
Nuclearmedicine			
Obstetric			
Organ transplant			
Outpatkent surgical		⊠ Ventilator	
Pediatric			
Perinatal		For Office Use ONLY	
Basic			
Intern nedlate (also provides Basic care		Total Licensed Beds Approved	en goeren e
Specialty (also provides Basic and Int		Beds Approved: Date.	
Subspecialty (also provides Basic, fnt	ermediate and		
Specialty care)			
Bed capacity:			
Total number of autho zed beds:	465	Total number of authorized Infant care static	ons: 44
(excluding Infant care stations, emesgency	405	(Including bassinets, warming stations and	лтэ. 44
department bedsfstretchers, observation bedst		Isolettes) Do not add to total bedcapacity	
recovery room beds, labor room beds		·	
	<u>8</u>	RECE	V eo
		3	- -

JUN 0 2019 VOH/OIC 1 .

VDH/Office of Licensure and Certification Application for Inpatient Hospital Licensure

AFFIDAVIT	
1, <u>; rad W, '!51(1</u> '' <u>Phili 5, [[[] WAAC A-rsidurl', V#.S f:'hereby</u> swear {or affl	nn) that the Infonnation contained
In this ap UcaHon Is true and correct, and all federal state and local laws and regulation 1860	s have been complied with.
<u> </u>	
Signature and Title <td>u, , ,</td>	u, , ,

Pursuant to 32.1-130 of the Code of Virginia, the fee for each initial and renewal license is detemiined as follows:

\$1.50 per patient bed Not less than \$75.00 but not more than \$500.00.

Return this completed application and a check for the full licensing fee to:

Acute Care Unit Office of Licen1ure and Certification Virginia Department of Health 9960 Mayland Drive, Suite 401 Henrico, Virginia 23233

Questions? Contact the Acute Care Unit at: (804) 367-2104 or <u>OLC-Ingulries@ydh.virginla.gov</u>

RECEIVED JUN O ♦ 2019 **VDHIOLC**

A'<u>'WqJ;</u>

Berthiaume, Ertc <ertc.berthlaume@vdh.vlrgInla.gov>

Winchester Medical Center

Berthlaume, Eric <erlc:berthiaume@vdh.vgInlagov> To: Skip Philips <gphillps@valleyhealttllink.com>

Wed, Jun 5, 2019 at 7:57 AM

Payment Receipt and Deposit

The **Virginia** Department of Health - Office of licensure and Certificat ion received the following payment from your organization.

Reason	Hospital Receipt
Check Amount	500.00
Check Date	5-29-19
Check Number	669272
Date Received	6-4-19
Date Deposited	6-5-19
Bank Deposit Number	70563609

Thank you for your cooperation in this matter.

Sincerely,

Eric Berthiaume Administrative Support Acute Care Division VDH-Office of Licensure & Certification 9960 Mayland Drive, Suite 401 Henrico, VA 23233 P: 804-367-2104 F: 804-527-4502 Eric.Berthiaume@vdh.virginia.gov

Virginia Department of Health Office of Llcensure and Certification

Application for Hospital Licensure

Complete all fields. Incomplete or inaccurate applications will be returned. My changes affecting the accuracy of the information contained herein must be reported in writing immediately to the VDH Office of Licensure and Certification.

Application type:	License year: 2019					
Application is for: D Initial Licensure 181 License Renewal - L Chanae of Address Change of Ownership	D Change in bed capacity during licensure period D Addition of freestanding facilities D Addition of programs or seivices					
All sections of this application must be completed for all application types						

Hospital identification			
Name of hospital			none Number
Winchester Medical Center		6401536-	8000
Street Address		FFax	
1840 Amherst Street		(5401536-	7847
Winchester		VA	22601
Web Address	Federal Emple	oyer ID Number	
vallevhealthlink.com	54-0505979		
Mailing address (if different from above)			
PO Box3340	_		
Winchester	VA	22601	

inistator of record, if different than own	or
Name: Grad	Title: WMC President, VH SR VP
Telephone Number: (540) 536-8021	Email Address: gphilips@vallevhealthlink.com

is any part or program of the hospital licensed by another state	agency: No X Yes
If Yes,	Program/
Aaency name: VA Department of Behavioral Health	<u>1arť: Adult Psvcn1atr1c_Proa</u> ram
	Program/
Agency name:	
	Program/
'Agency name:	Part: <u>CT 2 2 2018</u>
	VDH/OLC

VDU/Office of Licensure and Certification Application for Inpatient Hospital Licensure

CciDJJJan e.withcont_lig011ed C_ertif)ci ti_9f,Pu6ic:Nt a<1(C0PN

The facility has reviewed its COPNs and has determined that:

1. No conditionedCOPNs are applicable to the facility: Yes D No D

2. Conditioned COPNs are applicable to the facility and the facility has met the conditioned requirements: Yes 181 No D Pursuant to § 32.1-102.2 C, a license cannot be renewed if the aQreed up00 conditions have not been met.

OR

Ownership of the hospital		T and the a	
Hospital		I el. Númbei	
Owner: Winchester Medical Center, <u>Inc</u> .		540-536-8	000
Street Address:		Fax Number	
1840 Amherst Street		540-536-784	.7
City:	County:	State:	Zip:
Winchester	<pre>!!FORMTEXT</pre>	VA	22601
Chief Executive Officer:		Email Addre	SS:
Mark M. Merrill - Valley Health Systems		mmemll@v	allevhealthinkcom
Chief FinancialOfficer:		Email Aaa	
Bob Amos		bamos@va	alleyhealthlink.com

1.vaie.0f, Ownershlp and Cont		14 - F. B.	The second second		
<u>For Protit</u> : D Corporation	D Charitable organiz	ation	UDIIC: 0 State	Number:	
${f D}$ Partnership	Church		0 County	54-0505979)
$\mathop{\mathrm{D}}\limits_{\mathbf{D}}$ Limited Liability Co.	181 Corporation		0 City		
D Individual	D Other:		D Multijurisdictional		
D Other:			D Hospital authority		
			Other:		
Is the hospital operatedby the	owner? Yes	No	If no, complete section b	pelow:	
Operator				Fax:	
Name:					
Street Address:					
City:		County		State:	Zip:
Email			Web		
Address:			Address:		

RECEIVED

VDU/Office of Licensure and Certification Application for Inpatient Hospital Licensure

<u>General Information concernl</u>: <u>Littii hoë>ltai</u> A. Type of hospital; General acute care hospital

 $D \atop D B$ General acute care hospital excluding obstetrics $D \atop D$ Rural hospital (Critical access hospital) $D \atop D$ Long term care hospital (LTACH)

D Specialty hospital for children

D Specialty medical hospital

8 Specialty rehabilitation hospital Other:

8. F	reestanding facili	ties: Attach a lis	st of the full name and complete	address of each freestandin	g facility to be included on
His.	"CertificaHon:	${f n}$ None	☐ Medicare	Medicaid	CUA
D.	Accreditation:	D None	IZI The Joint Commision	Accreditation eriod: 06/201	6 - 06/2019
	Other: Medicar	e-Medicaid-Ho	me Health	Accreditation pelriod: 0712	018 - 07/2021
	Other: AASM -	Winchester Med	lical Center Sleep Center	Accreditation period: next r	enewal 04/19/19

Patient services offered: H = Hospital campus F:::/f.reest.n ting						
Service	H	F	Sevice	Н	F	
🔲 Burn Unit	4		Psyc hiatric/substanceabuse services	\times	\boxtimes	
🔀 <u>Cardiac care</u>	\boxtimes		Rehabilitation or therapy	\boxtimes	\boxtimes	
CUA lab		1	🔀 Renal dialysis	\boxtimes		
Diagnostic Imaging	\boxtimes	\boxtimes	Respiratory/pulmonary services	\boxtimes		
EmergenC}' ices	\boxtimes		Stroke (CVA) care	A Stand		
Medical/surgical		P. P.	Skilled LTC nursin.9	and the for	and a second	
Intensive care			🔀 Trauma	AUX P	31-12	
Nuclear medicine	\boxtimes	\boxtimes	Levél 11		(09.)	
Obstetric	÷.	10			A start a	
Organ <u>transplant</u>	# 18 / A		Level i		-	
Outpaltient su ical	\boxtimes		Ventilator	A Real	1939	
Pediatric		· · · · ·	a second s		the set	
🔀 Perrinatal	Re W.		For Office Use ONLY		44	
Basic			+		a fai	
Dintennecliate (also provides Basic care)		<i>\</i>	Total Licensed		2.00 %	
181 Specialty (also provides Basic and Inten			Beds Approved: Date:	912	And a	
D Subspecialty (also provides Basic, Intenn	ediate	and	a his of party of Area		00	
Specialty care) Bed capacity:		1		2 15	Rh	
Bee especiel	Stort St			5. C. C. C. C. C.	AND AND AND	
Total number of authorized beds:		425	Total number of authorized Infant care stations:	1	44	
(excluding infant care stations, emergency			(Including bassinets, warming stations C	81V	ED	
department beds/stretchers, observation beds,			isolettes) Do not add to total bed capacity			
recovery room beds, labor room beds				2220)18	

VDH/Office of Licensure and Certification Application for Inpatient Hospital Licensure

AFFIDAVIT		Carlos and the second
1, <u>Grad</u> " <u>5Kip</u> " in this application is true and	<u>$Ph:J$ p <u>III</u> I correct, and all federal state and I</u>	, hereby swear (or affirm) that the information contained local laws and regulations have been complied with.
S	<u>SvvP.v'W\$///</u>	Date 10 / q/J3

> \$1.50 per patient bed Not less than \$75.00 but not more than \$500.00.

Return this completed application and a check for the full licensing fee to:

Acute Care UnH Office of Licensure and Certification Virginia Department of Health 9960 Mayland Drive, Suite 401 Henrico, Virginia 23227

Questions? Contact the Acute Care Unit at: (804) 367-2107 or OLC-IriguIrles@ydh.vlrglilia:gov

RECEIVED OCT 2 2 2018 VDH/OLC Attachment to Application for Hospital License - 2019 Winchester Medical Center, INC. Exhibit A

Freestanding Facilities

- Out Patient Diagnostic Center 300 Campus Boulevard Winchester, VA 22601
- Wellness Services: Out Patient Physical/Occupational Therapy 401 Campus Boulevard Winchester, VA 22601
- Center for Wound Care and Hyperbaric Medicine 1840 Amherst Street Winchester, VA 22601
- Out Patient Behavioral Health Program for Adults 172 Linden Drive, Suite 111 Winchester, VA 22601
- Cancer Center: Radiation Oncology 400 Campus Boulevard Winchester, VA 22601
- Chronic Disease Clinics and Programs 333 W. Cork Street Winchester, VA 22601
- Home Health 333 W. Cork Street Winchester, VA 22601
- Rehab: In-Patient and Out-Patient 333 W. Cork Street Winchester, VA 22601
- Winchester Medical Center 1840-1890 Amherst Street Winchester, VA 22601

RECEIVED 0CT 2 2 2018 VDH/OLC October 10, 2018

Director, Acute Care Unit Office of Licensure and Certification Virginia Department of Health 9960 Mayland Drive, Suite 401 Henrico, **Virginia** 23233-1485

Re: Application for Hospital License Renewal - 2019 Winchester Medical Center- H1916

Dear Sir:

Attached is Winchester Medical Center's Application for Hospital License Renewal for 2019, an attachment listing the freestanding facilities, and a check In the amount of \$500.00 for the service charse.

Please do not hesitate to contact me if you have any questions or need additional Information.

Regards,

.;J.Jv

Benita I. Haines WMC Director of Quality/Accreditation 540-536-8022

Enclosures: Application, Exhibit A, and Check

RECE.\VED OCl ?.1 20,s voH/OLC

Commonwealth of

Virginia

Berthiaume, Eric <erlc.berthlaume@vdh.virginla.gov>

Winchester Medical Center 1 message

Berthiaume, Erle <eric.berthlaume@vdh.vlrglnla.gov> To: Skip Phillps <gphilips@valleyhealthlink.com>

Mon, Oct 29, 2018 at 10:26 AM

Payment Receipt and Deposit

The Virginia Department of Health - Office of Ucensure and Certification received the following payment from your organization.

Reason	AC-Hospital Receipt
Check Amount	500.00
Check Date	10-17-18
Check Number	655288
Date Received	10-22-18
Date Deposited	10-24-18
Bank Deposit Number	70563437

Thank you for your cooperation in this matter.

Sincerely,

Eric Berthiaume Administrative Support Acute Care Division VDH-Office of Licensure & Certification 9960 Mayland Drive, Suite 401 Henrico, VA 23233 **P: 804-367-2104** F: 804-527-4502 Eric.Berthlaume@vdh.virginia.gov



Commonwealth of Virginia Virginia Department of Health

General Hospital License Number: H 1916

In accordance with the provisions of Title 32.1. Chapter 5. Article I, of the Code of Virginia /950, as amended.

Winchester Medical Center, Inc.

(Operator}

is Authorized to Operate,

Winchester Medical Center

(Name of Organization)

a General Hospital located at:

1840 Amherst Street, Winchester, Virginia 22601

Total Bed Capacity Limited to <u>465</u> Expiration 12/31/2019

W NL

M. Norman Öliver, MD, MA State Health Commissioner

Vayne JD

Robert A. K. Payne, , Di ctor Office of Licensure and Certi ation



Virginia Department of Health Office of Licensure and Certification

Application for Hospital Licensure

Complete all fields. Incomplete or Inaccurate applications will be returned. Any changes affecting the accuracy of the information contained herein must be reported in writing immediately to the VDH Office of Licensure and Certification.

DChange in bed capacity during licensure period D Addition of freestanding facintles D Addition of programs or services

Hospital identification			
Name of hospital			phone Number
Wmchester Medical Center		(5401530	6-8000
Street Address		Fax	
1840 Amherst Street		(540) 53	67847
		-	
Winchester		VA	22601
Web Address	- Federal Empl	oyer ID Numb	ber:
vallevheallhlink.com	54-0505979)	
Mailing address (if different from above)			
POBox3340			
City	State	Zip 22601	
Winchester	VA	22601	

Administrator of record, if different than owner/operator	
Name: Grady "Skip" Philips, III	Title: WMC President, VH, SR VP
Telephone Number: (5401536-8021	Email Address: aohiliosavall&Yhealthlink.com

Is any part or program of the hospital licensed by another state agency:	No 🛛 Yes
If Yes, Agency name: VA Department of Behavioral Health	Program/ part: Adult Psychiatric Program Program/
Agency name:	Part:
Agency name:	PrograftECE!VED
	NOV 1 20J9
	VDH/OLC

Complinew Ith: Conditioned Certificati • of Phbli Nii cf (COP.N
The facility has reviewed its COPNs and has determined that:
1. No conditioned COPNs are applicable to the facility: Yes t8) No D OR 2. Conditioned COPNs are applicable to the facility and the facility has met the conditioned requirements: Yes D No

 $^{-1}$ Pursuant to & 32.1 102.2 C. a license cannot be renewed *if* the a areed uoon conditions have not been met.

Hospital		Tel. Number:
Hospital Owner: Winchester Medical Center		540-536-8000
Street Address:		Fax Number:
1840 Amherst Street		540-536-7847
City:	County:	
Winchester	5	State: Zip: VA 22601
Chief Executive Officer:		Email Address:
Mark M. Merrill-•Vallev Health Systems		mmerill@vallevhealthlink.com
		<u> </u>

Chief Financial Officer:	Email Address:

Our available of the brankel	¥	
Ownership of the hospital Bob Amos		bamos@vallevhealthlink.com

Type of Ownership 111 CO				The second second
E2!.fr2fit D Farmerstinp D Limited Liability Co. D Individual	Not for Profit: O Charitable organization Corporation D Other:	⊖ State ⊖ County □ City D Multijurisdictional	Federal ID Number: 54-0505979	
Other:		DHospital authority Other:		
Is the hospital operated by the	eowner? Yes No	If no complete section	below:	
Operator			Fax:	
Name:				
Street Address:				
City:	Coun ty		State:	Zip:
Email		Web	-	
Address:		Address:		
		RECEIVE	5 - ,	
		2 NOV 1 I 2019	, , <i>M</i>	
		VOH!ot o	.,K. '-c	

!J1!tralfInformation conceming.th	eihospital	
A. Tye!_of hospital: General acute care hospital General acute care hospital Rural hospital (Critical acces Long term care hospital (LTA	excluding obstetrics	Specialty medical hospital Specialty rehabilitation hospital Other:
$\operatorname{D}\operatorname{Specialty}$ hospital for childre	n	
B. Freestanding facilities: Attach a list on this license.	of the full name and comple	te address of each freestanding facility to be included
C. Certification: None	Medicare	Medicaid 🛛 🛛 🖾 CUA
D. Accreditation: None	The Joint Commission	Accreditationperiod: 04/2019-04/2022
Other:		Accreditation period:
Other:		Accreditation period:

Patient services offered:	lospital campus	F = Freestanding	-
Service	HF	Service	H F
		Psychiatric/substance abuse services	\boxtimes
		Rehabilitation or therapy	\boxtimes
		Renal dialysis	\boxtimes
<u>Diagnostic imagi g</u>	\boxtimes	Respiratory/pulmonary servL s	
Emergency services		Stroke (CYA) care	
<u>Medical/surgica</u> l	the second second	Skilled LTC nursing	MARTIN
Intensive-sare		🛛 Tra <u>uma</u>	
Nuclear medicine		Level IU	ALL ALLES
<u>Obstetric</u>	State all	Level II	IL STUDENT
<u>rgan transplant</u>			
utpatient su ical		Ventilator	The state
<u>'ediatric</u>			
natal		For Office Use ONLY	
Basic			
D Intermediate {also provides Ba	ISIC care)	Total Licensed	TE. A STR
8 Specialty (also provides Basic		Beds Approved: Date:	The other states of the
0 Subspecialty (also provies a	asic, Intermediate ialty care)	the second s	
Bed capacity:		A state of the sta	
Total number of authorized beds:	465	Tot I number of authorize.d.Jo!acare stations: Rt UEJVED	44
		NOV 11 2019	

VOHIOLC

(excluding infant care stations, emergency department beds/stretchers, observation beds, ,ecoverv room beds, labor room beds	(including bassinets, warming stations and Isolettes) Do not add 1Q IQIal bed cgggg
I, <u>bro</u> contained his application is true and correct, a	<u>herebyswear(oraffirm)thattheinformation.</u> and all federal state and local laws and regulations have been complied
Signature and Ti1le of Aool nl	J <u>O}30</u> <u>/2.0</u> ,0, Date

Licensing (service) fees

Pursuant to 32.1-130 of the Code of Virginia, the fee for each initial and renewal license Is determined as follows:

\$1.50 per patient bed Not less than \$75.00 but not more than \$500.00.

Return this completed application and a check for the full licensing fee to:

Acute Care Unit Office of Licensure and Certification Virginia Department of Health 9980 Mayland Drive, SUlte 401 Henrico, Virginia 23233

OuesUons? Contact the Acute Care Unit at: (804) 367-2104 or OLC-Inguiries@vdh.vjrginia.gov

RECEIVED NOV 1 t 2019 VDHIOLC

<u>\"f Valleyllealth</u>

Winchesfer Att AfedIcal Center

Attachment to Application for Hospital License - 2019 Winchester Medical Center, INC. Exhibit A

Freestanding Facilities

- Out Patient Diagnostic Center 300 Campus Boulevard Winchester, VA 22601
- Wellness Services: Out Patient Physical/Occupational Therapy 401 Campus Boulevard Winchester, VA 22601
- Center for Wound Care and Hyperbaric Medicine 1840 Amherst Street Winchester, VA 22601
- Out Patient Behavioral Health Program for Adults 172 Linden Drive, Suite 111 Winchester, VA 22601
- Cancer Center: Radiation Oncology 400 Campus Boulevard Winchester, VA 22601
- Chronic Disease Clinics and Programs 333 W. Cork Street Winchester, VA 22601
- Home Health
 333 W. Cork Street
 Winchester, VA 22601
- Rehab: In-Patient and Out-Patient 333 W. Cork Street Winchester, VA 22601
- Winchester Medical Center 1840-1890 Amherst Street Winchester, VA 22601

Commonwmdlh of

A Virginia

Berthiaume, Erle <erlc.berthlaume@vdh.vlrgInia.gov>

Winchester Medical Center

1 message

Berthiaume, Eric <eric.berthlaume@vdh.virglnla.gov> To: Skip Philips <gphl ps@val1eyhea1thlink.com> Tue, Nov 12, 2019 at 1:53 PM

Payment Receipt and Deposit

The Virginia Department of Health - Office of licensure and Certification received the following payment from your organization.

Reason	Hospital Receipt
Check Amount	500.00
Check Date	11-6-19
Check Number	687629
Date Received	11-12-19
Date Deposited	11-13-19
Bank Deposit Number	70563018

Thank you for your cooperation in this matter.

Sincerely,

Eric Berthiaume Administrative Support Acute Care Division VDH-Office of Ucensure & Certification 9960 Mayland Drive, Suite 401 Henrico, VA 23233 P: 804-367-2104 F: 804-527-4502 Eric.Berthiaume@vdh.virginia.gov



Commonwealth of Virginia Virginia Department of Health

General Hospital License Number: H 1916

In accordance with the provisions of Title 32 I Chapter 5, Article I, of the Code of Virginia 1950, as amended

Winchester Medical Center

(Operator)

is Authorized to Operate,

Winchester Medical Center

(Name of Organization)

a General Hospital located at:

1840 Amherst Street, Winchester, Virginia 22601

Total Bed Capacity Limited to <u>465</u> Expiration 12/31/2020

14.1

Norman Oliver, MD, MA State Health Commissioner

ner JD

Robert A. K. Payne, , Di ctor Office of Licensure and Certi ation



Office of Licensure and Certification



Application for Hospital LIcensure

Complete all fields. Incomplete or inaccurate applications will be returned. Any changes affecting the accuracy of the information contained herein must be reported in writing immediately to the VDH Office of licensure and Certification.

A-pplication type Application is for:	License year: 2021
D Initial Licensure	$\mid D$ Change in bed capacity during licensure period
License Renewal	D Addition of freestanding facilities
0 Change of Address	0 Addition of programs or services
Change of Ownership	
All sections of this application must be completed for all a pr	lication types

Hospital Identification				
Name of hospital			Main Telephor	ne Number
Winchester Medical Center			(540)536-80	00
Street Address			Fax	
1840 Amherst Street			(540)536-78	347
City	County		State	Zip
Winchester	,		VA	Zip 22601
Web Address		[Federal Employe	r JD Number:54-	
valleyhealthinkcom		0505979		
Mailing address (if different from above)				
PO Box3340				
		State		
Winchester		VA	22601	

Administrator of record, if different than owner/operator Name: Grady 'Skip' Philips, III TelephoneNumber: (540), 536-8021	<u>Title</u> :WMC <u>President</u> , VH SR <u>VP</u> Email Address: <u>aphIllost≤</u> ilvallevhealthlink.com
Is any part or program of the hospital licensed by anothe aaencv:	r state 🗌 No Yes
If Yes, Agency name: VA Departmentof Behavorial Health	Program/ art: Adult PsychiatricP, ram
Aaencv name:	Program/ Part:
Aaencv name:	Program/ Part:
	i ait.

J? c{•-' .,,I,I;;,...r, fl"y_..... **∳:i**.

Compliance with conditioned Certificates of Public Need (COPN) The facility has reviewed its COPNs and has determined that: 1. No conditioned COPNs are applicable to the facility: Yes D No D OR 2. Conditioned COPNs are applicable to the facility and the facility has met the conditioned requirements: Yes (81 No D Pursuant to § 32.1-102.2C, a license cannot be renewed if the agreed upen conditions have not been met.

OWnershlp of the hospital				
Hospital		Tel. Number:		
Owner: Winchesster Medical Center, Inc		540-536-8000)	
Street Address: 1840 Amherst Street			Fax Number: 540-536-7847	
City: Winchester	County:	State: VA	Zip: 22601	
Chief Executive Officer:		Email Addre	SS:	
Mark Nantz Valley Health System		mnantz@vaU	eyheatlhlink.com	
Chief Financial Officer:		Email Addre	SS:	
Bob Amos		bamos@.valle	yhealthlink.com	

Type of OwnershiD and Cor	ntrol		
For Profit: O Corporation D Partnership D Limited Liability Co. O Individual O Other:	Not for Profit Charitable organization Church Corporation Other:	Public: D State D County OCity D Multijurisdictional D Hospital authority 1 other:	Federal ID Number: 54-0505979
Is the hospital operated by the	e owner? IXJ Yes I I No	If no, complete section b	pelow:
Operator			Fax:
Name:			
Street Address:			
Email		Web	
Address:		Address:	



Gen A.	O General acut D Rural hospita D Long term ca	concerning the te care hospital e care hospital e l (Critical access are hospital (LTA spital for children	xcluding obstetr s hospital) CH)	ics D	Specialty medical Specialty rehabilit Other:	hospital ation hospital	
B. Fi	reestanding facilit	ies: Attach a list o	of the full name a	and complet	e address of each	freestanding facility	to be included
ont	his license.						
С.	Certification:	None			Medicaid	CU	A
D.	Accreditation:	None	The Joint Co	ommission	Accreditation	riod: 4/2019 -4/202	22
	Other: AASM - W	Vinchester Medic	al Center Slee	Center	Accreditation	riod: 2/2020 - 2/202	25
	Other:				Accreditation	riod:	

Patient services offered:			
H □ Hospita l	•		F = Freestanding
Service	ΗI	F	Service H I F
Bum Unit)(Psychiatric/substance abuse services ><)
Cardiac care	IXI		Rehabilitation or therapy
CUA lab			6 Renal dialysis)J
IcJ Diagnostic imaging			IXI Respiratory/pulmonary services
!XIEmergency services	!XI	J	Stroke (CVA) care
IX MedicaUsurgical			Skilled LTC nursing
IX Intensive care			!XI Trauma
IX Nuclear medicine	IX!	IX]	Level III
Obstetric			Level II
_ Organ transplant			Level
x Outpatient surgical	[8'J	J	IXI Ventilator
X, Pediatric			
[81Perinatal			For Office Use ONLY
LJBasic			1
D_Intermediate (also provides Basic care			Total Licensed
ZI Specialty (also provides Basic and Intermediate)			Beds Approved: Date:
D Subspecialty (also provides Basic, Int	termediate		
and Specialty ca	re)		
Bed capacity:			
Total number of authorized beds:	46	5	Total number of authorized infant care 44 stations:

(excluding infant care stations, emergency department beds/stretchers, observation beds,	(including bassinets, warming stations and isolettes} Do not add to total <u>bed</u> s!'2s!Qitx	
recovery room beds, labor room beds		

AFFIDAVIT

1, <u>Fin-ted</u> "<u>Hip</u>" Ph'<u>1/1p5</u>, <u>IIT</u>. , hereby swear (or affirm) that the information contained in t s application is true and correct, and all federal state and local lawsand regulations have been complied with. <u>Signature and Title of Applicant</u> <u>Signatur</u>

Licensing (se, vice) fltf

Pursuantto 32.1-130 of the Code of Virginia, the fee for each initial and renewal license is determined as follows:

\$1.50 per patient bed Not less than \$75.00 but not more than \$500.00.

Return this completed application and a check for the full licensing fee to:

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Questions? Contact the Acute Care Unit at: (804) 367-2104 or OLC-Inquiries@vdh.virginia.gov

· 05r

_J... Commonwealth of

Virginia

Berthiaume, Eric <erlc.berthlaume@vdh.vlrglnla.gov>

Winchester Medical Center

1 message

Berthiaume. Eric <eric.berthiaume@vdh.virginia.gov> To: gphlllps@valleyhealthlink.com Fri, Nov 13, 2020 at 8:40 AM

Payment Receipt and Deposit

The Virginia Department of Health - Office of licensure and Certification received the following payment from your orsanization.

Reason	Hospital Receipt
Check Amount	500.00
Check Date	11-4-20
Check Number	716431
Date Received	11-12-20
Date Deposited	11-13-20
Bank Deposit Number	70563547

Eric Berthiaume Administrative Support Acute Care Division VDH-Office of Licensure & Cert1f1cat1on 9960 Mayland Drive SU1te 401 Henrico. VA 23233 P. 804-367-2104 F: 804-527-4502 Eric.Berthiaume@vdh virginia gov



Commonwealth of Virginia Virginia Department of Health

General Hospital License Number: H 1916

In accordance with the provisions of Title 32. I. Chapter 5, Article I, of the Code of Virginia /950, as amended

Winchester Medical Center, Inc

(Operator)

Is Authorized to Operate,

Winchester Medical Center

(Name of Organization)

a General Hospital located at:

1840 Amherst Street, Winchester, Virginia 22601

Total Bed Capacity Limited to <u>465</u> Expiration 12/31/2021

M. Mo;man Oliver, MD, MA State Health Commissioner

buln Bearles

Kimberly Beazley, Acting Director Office of Licensure and Certification

(Tags: Winchester malpractice attorney, hospital malpractice attorney, nursing home attorney, pressure sores at hospitals, hospital acquired bed sores, wrongful death attorney, pressure wounds, attorney handling hospital falls, medical malpractice involving Winchester Medical Center, elder abuse attorney, hospital error, hospital malpractice, skilled rehab injury, skilled rehab attorney, drugs, pharmaceutical drugs, antipsychotic drugs, negligence attorney, nursing home abuse attorney, Virginia Hospital attorney, Virginia Nursing abuse attorney, Maryland nursing home attorney, Winchester Medical Center, Frederick County malpractice attorney, Valley Health Link, Valley Health)