

## 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 of Jeffrey J. Downey for a free consultation.

Phone: 703-564-7318; email: [jdowney@jeffdowney.com](mailto: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
- <https://valleyhealthlink.com/winchester-medical-center>

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](http://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.virginia.com](mailto:enfcomplaints@dhp.virginia.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  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/11/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>490005</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/14/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>WINCHESTER MEDICAL CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1840 AMHERST ST WINCHESTER, VA 22801</b>		
(-4)10 PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S <b>PLAN</b> OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE <b>APPROPRIATE</b> DEFICIENCY)		(X5) COMPLETION DATE
A000	<p><b>INITIAL COMMENTS</b></p> <p>An unannounced Medicare/Medicaid complaint investigation was conducted on 12/14/2020 by two (2) Medical Facility Inspectors from the Virginia Department of Health, Office of Licensure and Certification. As directed by CMS (Centers for Medicare and Medicaid Services) the following Conditions of Participation were reviewed:</p> <p>482.13 - Patient Rights 482.23- Nursing Services 482.42- Infection Control</p> <p>Complaint #VA00050062 was found to be substantiated with no deficient practices identified.</p> <p>The facility was in compliance with 42 CFR Part 482: Conditions of Participation for Hospitals (last updated October 2018).</p>	A000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement coding with an **asterisk (\*)** denotes a 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 **disposable** 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 **disposable** 1-4 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  
CENTERS FOR MEDICARE & MEDICAID SE8V IC f\$

PRINTED: 02/11/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>490005</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>05 - ORTHO AND NEURO</b>  B. 'MNG _____		(X3) DATE SURVEY COMPLETED  <b>08/13/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>WINCHESTER MEDICAL CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 AMHERST ST WINCHESTER, VA 22601</b>		
(X4)10 PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	<p><b>INITIAL COMMENTS</b></p> <p>Description of structure: The facility is a 4 story building with a 56 bed neuro diagnostic and orthopedics unit located on the 4th floor with a construction type of II (222).</p> <p>Sprinkler status: The facility is a fully sprinklered building.</p> <p>An announced initial certification Life Safety Code survey was conducted between 06/05/2019 and 08/13/2019 in accordance with 42 Code of Federal Regulation, Part 460 Conditions for Hospitals. The facility was surveyed for compliance using the Life Safety Code 2012 new regulations. The facility was in compliance with the Requirements for Participation Medicare and <b>Medicaid</b>.</p> <p>On 08/13/2019 from 10:00 AM to 1:30 PM, an initial certification survey was conducted on the 4th floor identified as a 56 bed neuro diagnostics and orthopedic unit. Observations during the survey revealed no deficiencies.</p>	K000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER 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 determined that other safeguards provide sufficient protection to the patients (See instructions.) Except for nursing homes, the findings stated **above** 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 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  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/11/2021  
FORM APPROVED  
OMB NO. Q938-039 1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>490005</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  8. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/13/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>WINCHESTER MEDICAL CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1840 AMHERST ST</b> <b>WINCHESTER, VA 22601</b>		
(X4)10 PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	10 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
A000	<p>INITIAL COMMENTS</p> <p>A CMS (Centers for Medicare/Medicaid Services) unannounced complaint survey (VA00049156) was conducted on July 7, 2020 through July 13, 2020 by one (1) Medical Facilities Inspector from the Office of Licensure and Certification, Virginia Department of Health.</p> <p>The investigation was conducted during the COVID-19 pandemic.</p> <p>Appendix A-Survey Protocol Regulations and Interpretive Guidelines for Hospitals were used to determine compliance with the following Conditions of Participation:</p> <p>482.13 Patient Rights</p> <p>The complaint was investigated and determined to be substantiated with no deficient practice.</p>	A000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

DATE

(X6) SITE

Any 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 protection to the patients (see instruction 10). Except for nursing homes, the findings stated above 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 following 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.

Q)

Virginia Department of Health  
Office of Licensure and Certification

CORRE: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.

<b>Application type:</b>	<b>Licenat year: 2017</b>
<b>Application is for:</b> <input type="radio"/> Initial Licensure <input type="radio"/> License Renewal <input type="radio"/> Change of Address <input type="checkbox"/> <b>Change of Ownership</b>	<input type="checkbox"/> Change In bed capacity during liensure period <input type="checkbox"/> Addition of freestanding facilities <input type="checkbox"/> Addition of programs or services
All sections of this application must be completed for all application types	

<b>Hospital Identification</b>		
Name of hospital Winchester Medical Center		Main Telephone Number ( 540 ) 536-8000
Street Address 1840 Amherst Street		Fax ( 540 ) 536-7847
Winchester	VA	22601
Web Address valleyhealthUnk.com		Federal Employer ID Number: 54-0505979
Mailing address (if different from above) P.O. Box 3340 1840 Amherst Street		
City Winchester	State VA	Zip 22601

Aimini.strato of record rJf.diffece1t than<Wn r/ operator Name: <b>Grady 'Skip' Philips, III</b> Telephone Number: ( 540 ) 536-8021		Title: <b>WMC President, VH SR VP</b> Email Address: <u>gphiliosf.walleyhealthlink.com</u>
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Is any part or program of the hospital licensed by another state agency: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
If Yes, Agency name: <u>VA Department of Behavioral Health</u>	Program/ part: <u>Adult Psychiatric Program</u>
Agency name: _____	Program/ Part: _____
Agency name: _____	Program/ Part: _____

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DEC 16 2016

VDHIOLC

VDWOffice of Licensure and Certification  
Application for Inpatient Hospital Licensure

Compliaricw lth conditoned certifi	tee of P.Ublc Need (COPN
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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 **181** No **0**  
 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

Hospital Owner: Winchester Medical Center, Inc.		Tel. Number: <b>540-536-8000</b>
Street Address: 1840 Amherst Street		Fax Number: 540-536-7847
City: Winchester	County:	State: VA      Zip: 22601
Chief Executive Officer: Mark M. Merrill- Valley Health Systems		Email Address: mmerrill@valleyhealthlink.com
Chief Financial Officer: Bob Amos		Email Address: bamos@valleyhealthlink.com

### Type of Ownership and Control

<input checked="" type="checkbox"/> Corporation <input checked="" type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Co. <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other:		<input checked="" type="checkbox"/> Not for Profit: <input type="checkbox"/> Charitable organization <input type="checkbox"/> Church <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Other:		<input checked="" type="checkbox"/> Public: <input type="checkbox"/> state <input type="checkbox"/> County <input type="checkbox"/> City <input checked="" type="checkbox"/> Multijurisdictional <input checked="" type="checkbox"/> Hospital authority <input type="checkbox"/> Other:		Federal ID Number: 54-0505979	
<input checked="" type="checkbox"/> Hospital operated by the owner?							
Operator Name:				Fax:			
Street Address:							
City:		County:		State:		Zip:	
Address:				Address:			

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VDHIOLC

**VDW Office of Licensure and Certification**  
**Application for Inpatient Hospital Licensure**

**General Information concerning the Hospital**

A. Type of hospital:

- ☒ General acute care hospital  
☐ General acute care hospital excluding obstetrics  
☐ Rural hospital { Critical access hospital)  
☐ Long term care hospital (LTACH)  
☐ Specialty hospital for children  
☐ Specialty medical hospital  
☐ Specialty rehabilitation hospital  
☐ Other

B. Freestanding facilities: Attach a list of the full name and complete address of each freestanding facility to be included on this license.

C. Certification: ☒ None ☐ Medicare Medicaid ☒ CLIA

D. Accreditation: ☐ None ☒ The Joint Commission Accreditation period: 6/2016- 6/2019

Other: Medicare-Medicaid--Home Health Accreditation period: 1/2016- 1/2017

Other: Accreditation period:

**Patient Services offered:**

Service	Hospital campus		Service	Freestanding	
	H	F		H	F
<input type="checkbox"/> Burn Unit			<input checked="" type="checkbox"/> Psychiatric/substance abuse services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Cardiac care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Rehabilitation or therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> CLIA lab			<input checked="" type="checkbox"/> Renal dialysis	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Diagnostic imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Respiratory/pulmonary services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Emergency services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Stroke (CVA) care		
<input checked="" type="checkbox"/> Medical/surgical intensive care			<input checked="" type="checkbox"/> Skilled LTC nursing		
<input checked="" type="checkbox"/> Nuclear medicine			<input type="checkbox"/> Trauma		
<input checked="" type="checkbox"/> Obstetric			<input type="checkbox"/> Level III		
<input type="checkbox"/> Organ transplant			<input checked="" type="checkbox"/> Level II		
<input checked="" type="checkbox"/> Outpatient surgical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Level I		
<input checked="" type="checkbox"/> Pediatric			<input checked="" type="checkbox"/> Ventilator		
<input checked="" type="checkbox"/> Perinatal					

- ☐ Basic  
☐ Intermediate (also provides Basic care)  
☒ Specialty (also provides Basic and Intermediate)  
☐ Subspecialty (also provides Basic, Intermediate and Specialty care)

Bed Count:                     

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 inpatient beds:  
 (including bassinets, warming stations,  
 isolettes) Do not add to total bed count

44

16 20



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

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I, GUO>k w. f 0:1, Y, s . 11,, hereby swear (or affirm) that the information contained in this application is truecorrect, and all federal state and local laws and regulations have been complied with.

S'11P, 1Jt1s('P, 1c, LJ 4'blc  
Signature and Title of Agent

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Date 7 ...

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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  
9960 Mayland Drive, Suite 401  
Henrico, Virginia 23227**

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

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VOH/OLC



**Attachment to 2017 Hospital Licenses  
Winchester Medical Center, INC**

**Freestanding Facilities**

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

October 13, 2016

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 - 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,



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

Enclosures: Application, Exhibit A, and Check

**RECEIVED**  
**DEC 16 2016**  
**VDH/OLC**

Attachment to Application for Hospital license - 2017  
Winchester Medical Center, INC.  
Exhibit A

**Freestanding Facilities**

1. Out Patient Diagnostic Center  
300 Campus Boulevard  
Winchester, VA 22601
2. Wellness Services: Out Patient Physical/Occupational Therapy  
401 Campus Boulevard  
Winchester, VA 22601
3. Center for Wound Care and Hyperbaric Medicine  
1840 Amherst Street  
Winchester, VA 22601
4. Out Patient Behavioral Health Program for Seniors  
1014 Amherst Street, Suite 202  
Winchester, VA 22601
5. Cancer Center: Radiation Oncology  
400 Campus Boulevard  
Winchester, VA 22601
6. Chronic Disease Clinics and Programs  
333 W. Cork Street  
Winchester, VA 22601
7. Home Health  
333 W. Cork Street  
Winchester, VA 22601
8. 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,

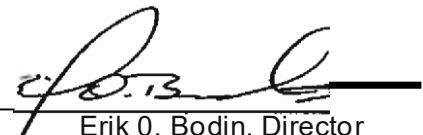
Winchester Medical Center  
(Name of Organization)

a General Hospital located at:

1840 Amherst Street, Winchester, Virginia 22601

Total Bed Capacity Limited to 425    Expiration 12/31/2018

  
Marissa J. Levin MD, MPH  
Sta Commissioner

  
Erik O. Bodin, Director  
Office 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.**  
(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 425 Expiration 12/31/2017

Marissa J. Levin, M, MPH, FAAFP  
State Health Commissioner

  
Erik O. Bodin, Director  
Office of Licensure and Certification



# COMMONWEALTH of VIRGINIA

Department of Health

Marll88 J. Levine, MO, MPH, FAAFP  
Slate Health **CommisB10ner**

Office of Licensure and Certification

TTY7-1-1 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. O. Box 3340  
Winchesfer, Virginia 22604

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

Dear President:

Enclosed is Hospital License Number **H 1916** to operate the above named hospital from the period beginning January 1, 2017 and ends 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 Code of Virginia, 1950, as amended, and the Rules and Regulations for the Licensure of Hospitals in Yhsinia, Mu 1. 1982 (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 O. Bodin, Director

Enclosure

**VDH5:NT**

DIRECTOR  
(804) 387-2102

ACUTE CARE  
(804) 38-7 2104

COPN  
V8041387\*2126

**VDH5:NT** E...ia  
www.vdh.vlrglnla.gov

COMPLAINTS  
1-800-95\$-1619

LONG TERM CARE  
(8CM) 367-2100



# COMMONWEALTH of VIRGINIA

Department of Health

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

Office of Uicensure and Certification

TTY 7-1-1 OR  
1-800-828-1120

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

September 15, 2017

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 <http://www.vdh.virginia.gov/OLC/Downloadables/Index.htm> {directions will be & live on website} for Hospitals for the year ending December 31, 2018. Please return the application with the appropriate service charge to the Office of Uicensure and Certification by October 20, 2017. The Uicensure renewal process will start September 15, 2017 and end December 15, 2017. All renewed Hospital Licenses will be mailed the week of December 15, 2017, any late renewal received after December 12, 2017 will be mailed the first week of January 2018.

Please be aware of the provisions of the "CARE Act" in the 2017 hospital license renewal correspondence to all hospitals. In addition, the amendments to the Regulations for the Licensure of Hospitals in Virginia (19VAC5-410-1175) that were mandated by House Bill 1413 (2015) became effective on April 8, 2016. You can view the amended regulations at <http://www.lis.virginia.gov/admincode/title2/apency/cdapter410/section1175/>

Please be aware that a hospital's renewal license for 2018 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 final 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 issued 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.

Section 32.1-102.2.C. of the Code of Virginia established a requirement for the Commissioner of the Virginia Department of Health to condition the renewal of any license for an applicant whose Certificate of Public Need was granted contingent upon providing a level of care at a reduced rate to indigent patients or who agreed to accept patients requiring specialized care. You will find that the application contains an attestation, the "CONDITIONED COPN CERTIFICATE" section, which will report to this office the hospital's status regarding these conditioned certificates.

If you have questions or need assistance with the application, please contact Sarah Johnson at (804) 367-2107.

st,

E. O. Bodin, Director

DIRECTOR  
(804) 387-2102

ACUTE CARE  
(804) 387-2104

COPN  
(804) 387-2106

**VDH** VIRGINIA  
DEPARTMENT  
OF HEALTH  
hotline: 1-800-828-1120  
[www.vdh.virginia.gov](http://www.vdh.virginia.gov)

COMPLAINTS  
1-800-955-1819

LONG TERM CARE  
(804) 387-2100





# COMMONWEALTH of VIRGINIA

*Department of Health*

Office of Licensure and Certification

M. Norman Oliver, MD, MA  
State Health Commissioner

TTY7-1-1 OR  
1-800-828-1120

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

September 1, 2018

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 Licensure Renewal Application for 2019 can be downloaded from our website: [www.vdh.virginia.gov/olc](http://www.vdh.virginia.gov/olc). Click on "Downloadable Applications & Forms," choose Inpatient Hospital License Application. Please return the application with the appropriate service charge to the Office of Licensure 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 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 issued. 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,

...

**7.**  
DH  
www.vdh.virginia.gov

DIRECTOR  
(804) 387-2102

ACUTE CARE  
(804) 367-2104

COPN  
(ao.) 367-2128

COMPLAINTS  
1-800-955-1819

LONG TERM CARE  
(804) 387-2000



# COMMONWEALTH of VIRGINIA

Department of Health

Office of Licensure and Certification

M. Norman Oliver, MD, MA  
State Health Commissioner

TTY 7-1-1 OR  
1-800-828-1120

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

September 27, 2019

Administrator  
Winchester Medical Center  
1840 Amherst Street  
Winchester, VA 22601

Dear Administrator:

Our records indicate that your Inpatient hospital license will **EXPIRE** on September 31, 2019. Please return the completed application with the service charge according to the number of beds to the Office of Licensure and Certification (OLC) on or before November 30, 2019.

The 2020 renewal application for inpatient hospital licensure can be downloaded from the OLC's website: [www.vdh.virginia.gov/olc](http://www.vdh.virginia.gov/olc). Click on "Downloadable Applications & Forms," 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 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 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,

( 7 )

THE COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF HEALTH  
OFFICE OF LICENSURE AND CERTIFICATION  
www.vdh.virginia.gov

DIRECTOR  
(804) 387-2102

ACUTE CARE  
(804) 387-2104

COPN  
(804) 387-2126

COMPLAINTS  
1-800-955-1819

LONG TERM CARE  
(804) 367-2100



# COMMONWEALTH of VIRGINIA

Department of Health

Office of Licensure and Certification

M. Norman Olivar, MD, MA  
State Health Commissioner

TTY: 703-298-1120 OR  
1-800-828-1120

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

September 1, 2020

Administrator  
Winchester Medical Center  
1840 Amherst Street  
Winchester, VA 22601

Dear Administrator:

Our records indicate that your inpatient hospital license will **EXPIRE** on December 31, 2020. Please rerun the completed application with the service charge according to the number of beds to the Office of Licensure and Certification (OLC) on or **before** November 30, 2020.

The 2021 renewal application for inpatient hospital licensure can be downloaded from the OLC's website: [www.vdh.virginia.gov/olc](http://www.vdh.virginia.gov/olc). Click on "Downloadable Applications & Forms," 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 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 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

INPATIENT CARE  
(804) 387-2104

COPN  
(804) 387-2126

**v.DH** VIRGINIA  
DEPARTMENT  
OF HEALTH  
11111 MOUNTAIN VIEW  
www.vdh.virginia.gov

COMPLAINTS  
1-800-955-1819

LONG TERM CARE  
(804) 387-2100



Virginia Department of Health  
Office of Licensure and Certification

Application for Hospital Licensure

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JUN 30 2017

VDH/OLC

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:

License year: 2018

Application is for:

☐ Initial Licensure  
☐ License Renewal

☐ Change of Address

☐ Change of Ownership

☐ Change in bed capacity during licensure period

☐ Addition of freestanding facilities

☐ Addition of programs or services

All sections of this application must be completed for all application types

Hospital Identification

Name of hospital Winchester Medical Center	Main Telephone Number ( 540 ) 536-8000
Street Address 1840 Amherst Street	Fax ( 540 ) 536-7847
City Winchester	County Frederick
State VA	Zip 22601
Web Address valleyhealthlink.com	Federal Employer ID Number: 54-0505979
Mailing address (if different from above) PO Box 3340	
City Winchester	State VA
Zip 22601	

Administrator of record (if different than owner/operator)

Name: Grady "Skip" Philips, III Title: WMC President VH SR VP  
Telephone Number: ( 540 ) 536-8021 Email Address: aphillips@valleyhealthlink.com

Is this a part of a program of the hospital licensed by another state agency: ☐ No ☒ Yes

If Yes, Program/  
Agency name: VA Department of Behavioral Health Part: Adult Psychiatric Inpatient Program

Agency name: Program/  
Part:

Agency name: Program/  
Part:

Check II Amt \$ \$11  
Receipt Tu3t::JJ Ck Date: 6/7/17  
Dpt Date: 6/7/17 Dpt #: 7 111

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

<b>Compliance with conditioned Certificates of Public Need (COPN)</b>	
The facility has reviewed its COPNs and has determined that:	
1. No conditioned COPNs are applicable to the facility: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> OR 2. Conditioned COPNs are applicable to the facility and the facility has met the conditioned requirements: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pursuant to § 32.1-102.2C, a license cannot be renewed if the agreed upon conditions have not been met.	

<b>ownership of the hospital</b>	
Hospital Owner: Winchester Medical Center, Inc.	Tel. Number: 540-536-8000
Street Address: 1840 Amherst Street	Fax Number: 540-536-7847
City: Winchester County:	State: VA Zip: 22601
Chief Executive Officer: Mark M. Merrill - Valley Health Systems	Email Address: mmerrill@valleyhealthlink.com
Chief Financial Officer: Bob Amos	Email Address: bamos@valleyhealthlink.com

<b>Type of Ownership and Control</b>			
For Profit: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Co. <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other:	Not for Profit: <input checked="" type="checkbox"/> Charitable organization <input type="checkbox"/> Church <input type="checkbox"/> 1:8.1 Corporation <input type="checkbox"/> Other:	Public: <input checked="" type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> Multijurisdictional <input type="checkbox"/> Hospital authority <input type="checkbox"/> Other:	Federal ID Number: 54-0505979
Is the hospital operated by the owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, complete section below:			
Operator Name:			Fax:
Street Address:			
City:		County:	State: Zip:
Email Address:		Web Address: RE r=n,r-: ,t	

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**VDH.'OLC**

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

<b>General information concerning the hospital</b>			
A. Type of hospital:			
<input checked="" type="checkbox"/> (8) General acute care hospital	<input type="checkbox"/> Specialty medical hospital		
<input type="checkbox"/> General acute care hospital excluding obstetrics	<input type="checkbox"/> Specialty rehabilitation hospital		
<input type="checkbox"/> Rural hospital ( Critical access hospital)	<input type="checkbox"/> Other:		
<input type="checkbox"/> Long term care hospital (LTACH)			
<input type="checkbox"/> Specialty hospital for children			
B. Freestanding facilities: Attach a list of the full name and complete address of each freestanding facility to be included on this license.			
C. Certification: <input type="checkbox"/> None <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> CLIA			
Accreditation: <input type="checkbox"/> None <input checked="" type="checkbox"/> The Joint Commission Accreditation period: 06/2016- 06/2019			
D. Other: Medicare-Medicaid - Home Health Accreditation period: 01/2016 - 01/2018			
Other: Accreditation period:			

Patient services offered:					
H = Hospital			F = Freestanding		
Service	H	F	Service	H	F
<input type="checkbox"/> Burn Unit			<input checked="" type="checkbox"/> Psychiatric/substance abuse services		
<input checked="" type="checkbox"/> Cardiac care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rehabilitation or therapy	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> CLIA Lab			Renal dialysis		
Diagnostic imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Respiratory/pulmonary services		
Emergency services	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Stroke (CVA) care		
<input checked="" type="checkbox"/> Medical/surgical			Skilled LTC nursing		
Intensive care			<input checked="" type="checkbox"/> Trauma		
Nuclear medicine	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Level III		
Obstetric			<input checked="" type="checkbox"/> Level II		
Organ transplant			<input type="checkbox"/> Level I		
<input checked="" type="checkbox"/> Outpatient surgical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Ventilator		
Pediatric			<b>For Office Use ONLY</b>  Total Beds Approved: _____ Date: _____		
Perinatal					
<input type="checkbox"/> Basic					
<input type="checkbox"/> Intermediate (also provides Basic care)					
<input checked="" type="checkbox"/> Specialty (also provides Basic and Intermediate)					
<input type="checkbox"/> Subspecialty (also provides Basic, Intermediate and Specialty care)					
<b>Bed capacity:</b>					
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: (including bassinets, warming stations and isolettes) Do not add to total	44	

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

**AFFIDAVIT**

I, Er-adj L.V. "5Klp" Ph ii LPS, ill )>.e. v Mc/ \t 1.) swear (or affirm) that the information contained in this application is true and correct, and all federal state and local laws and regulations have been complied with.

\_\_\_\_\_  
Signature and Title of Applicant

1fJ.!! /1  
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**  
**9960 Mayland Drive, Suite 401**  
**Henrico, Virginia 23227**

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

**RECEIVED**

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

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

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11/1/17





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  
(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 425 Expiration 12/31/2018

  
Marissa J. Levine, MD, MPH  
Sta Commissioner

  
Erik O. Bodin, Director  
Office of Licensure and Certification



@



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.

<b>Application type:</b>		<b>License year: 2019</b>
Application is for:		
<input checked="" type="checkbox"/> Initial Licensure	<input type="checkbox"/> Change in bed capacity during licensure period	
<input type="checkbox"/> License Renewal	<input type="checkbox"/> Addition of freestanding facilities	
<input type="checkbox"/> Change of Address	<input type="checkbox"/> Addition of programs or services	
<input type="checkbox"/> Change of ownership <input type="checkbox"/> Change of management		
If this application is for a change of ownership, the following information must be completed for all application types:		

<b>Information:</b>	
Name of hospital Winchester Medical Center	Main Telephone Number (540) 536-8000
Street Address 1840 Amherst Street	Fax (540) 536-7847
City Winchester	County State VA
Web Address valleyhealthlink.com	Zip 22601
Federal Employer ID Number: 54.0505979	
Mailing address (if different from above) PO Box 3340	
City Winchester	State VA
	Zip 22601

<b>Owner/operator:</b>	
Name: Grady, Skip Phillips, III	Title: WMC President, VA SR VP
Telephone Number: (540) 536-8021	Email Address: gphillips@valleyhealthlink.com

Still any part of program of the hospital licensed by another agency? If Yes, Agency name: VA Department of Behavioral Health Agency name: Agency name:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Program, part: Adult Psychiatric Program Program/ Pat Program1 Pa
---	---

JUN 0 2019  
VOH/OLC

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

**Compliance with Conditioned Certificates of Public Health**

The facility has reviewed its COPNs and has determined that:

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

**Ownership of the Hospital**

Hospital Owner: Winchester Medical Center, Inc	Tel. Number: 540-536-8000
Street Address: 1840 Amherst Street	Fax Number: 540-536-7847
City: Winchester	County: State: VA Zip: 22601
Chief Executive Officer: Mark M. Merrill - Valley Health Systems	Email Address: mmerrill@valleyhealthlink.com
Chief Financial Officer: Bob Amos	Email Address: bamos@valleyhealthlink.com

**Type of Ownership and Control**

For Profit: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Individual <input type="checkbox"/> Other:	Not for Profit: <input checked="" type="checkbox"/> Charitable organization <input type="checkbox"/> Church <input checked="" type="checkbox"/> Corporation <input checked="" type="checkbox"/> Other:	State <input type="checkbox"/> County <input type="checkbox"/> City <input checked="" type="checkbox"/> Multijurisdictional <input checked="" type="checkbox"/> Hospital authority Other:	Federal ID Number: 54-0505979
Is the hospital operated by the owner? Yes No Operator Name:		If no, complete section below: Fax:	
Street Address:			
City:		County:	State: Zip:
Email Address:		Web Address:	

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**JUN 04 2019**

**VDH/OLC**

## VDH/Office of Licensure and Certification

### Application for Inpatient Hospital Licensure

General information concerning the hospital			
<b>A. Type of hospital:</b>			
<input checked="" type="checkbox"/> General acute care hospital	<input type="checkbox"/> Specialty medical hospital		
<input checked="" type="checkbox"/> General acute care hospital excluding obstetrics	<input checked="" type="checkbox"/> Specialty rehabilitation hospital		
<input checked="" type="checkbox"/> Rural hospital (Critical access hospital)	Other: _____		
<input type="checkbox"/> Long term care hospital (LTACH)			
<input type="checkbox"/> Specialty hospital for children			
8. Freestanding facilities: Attach a list of the full name and complete address of each freestanding facility to be included on this license.			
<b>C. Certification:</b>	<input type="checkbox"/> None	Medicare	Medicaid <input type="checkbox"/> <input checked="" type="checkbox"/> CLIA
<b>D. Accreditation:</b>	<input type="checkbox"/> None	The Joint Commission	Accreditation period: 06/2016-06/2019
Other:			Accreditation period:
Other:			Accreditation period:

Patient services offered					
Service	H = Hospital campus		F = Freestanding		Service
	H	F	H	F	
<input type="checkbox"/> Burn Unit			<input checked="" type="checkbox"/> Psychiatric/substance abuse services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Cardiac care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Rehabilitation or therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> CLIA lab			<input checked="" type="checkbox"/> Renal dialysis	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Diagnostic imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Respiratory/pulmonary services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Emergency services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Stroke (CVA) care		
<input checked="" type="checkbox"/> Medical/surgical			<input type="checkbox"/> Skilled LTC nursing		
<input checked="" type="checkbox"/> Intensive care			<input checked="" type="checkbox"/> Trauma		
<input checked="" type="checkbox"/> Nuclear medicine	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Level III		
<input checked="" type="checkbox"/> Obstetric			<input checked="" type="checkbox"/> Level II		
<input type="checkbox"/> Organ transplant			<input type="checkbox"/> Level I		
<input checked="" type="checkbox"/> Outpatient surgical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Ventilator		
<input checked="" type="checkbox"/> Pediatric			<b>For Office Use ONLY</b>  Total licensed Beds Approved: _____ Date: _____		
<input checked="" type="checkbox"/> Perinatal					
<input type="checkbox"/> Basic					
<input type="checkbox"/> Intermediate (also provides Basic care)					
<input checked="" type="checkbox"/> Specialty (also provides Basic and Intermediate)					
<input type="checkbox"/> Subspecialty (also provides Basic, Intermediate and Specialty care)					
<b>Bed capacity:</b>					
Total number of authorized beds: (excluding infant care stations, emergency department beds, stretchers, observation beds, recovery room beds, labor room beds)	465		Total number of authorized infant care stations: (including bassinets, warming stations and Isolettes) <u>Do not add to total bed capacity</u>		44

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VOH/Olc

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

**AFFIDAVIT**

I, Phyllis A. Williams, WAAC, V.S. hereby swear (or affirm) that the information contained in this application is true and correct, and all federal state and local laws and regulations have been complied with.

**TM 1&6)**

Signature and Title of Applicant

u, - -

**License Fee**  
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  
9960 Mayland Drive, Suite 401  
Henrico, Virginia 23233**

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

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**JUN 04 2019**

**VDHIOLC**



A"WqJ:

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

Winchester Medical Center

1 message

Berthiaume, Eric <eric.berthiaume@vdh.virginia.gov>

Wed, Jun 5, 2019 at 7:57 AM

To: Skip Philips <gphilips@valleyhealthlink.com>

**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	<b>5-29-19</b>
Check Number	669272
<b>Date Received</b>	6-4-19
Date Deposited	<b>6-5-19</b>
Bank Deposit Number	<b>70563609</b>

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 Licensure 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.

<b>Application type:</b>	<b>License year: 2019</b>
Application is for:	
<input type="radio"/> Initial Licensure	<input type="radio"/> Change in bed capacity during licensure period
<input type="radio"/> License Renewal	<input type="radio"/> Addition of freestanding facilities
<input type="checkbox"/> Change of Address	<input type="radio"/> Addition of programs or services
<input type="checkbox"/> Change of Ownership	
All sections of this application must be completed for all application types	

<b>Hospital identification</b>		
Name of hospital Winchester Medical Center	Main Telephone Number ( 540 ) 536-8000	
Street Address 1840 Amherst Street	Fax ( 540 ) 536-7847	
Winchester	VA	22601
Web Address vallevhealthlink.com	Federal Employer ID Number: 54-0505979	
Mailing address (if different from above) PO Box 3340		
Winchester	VA	22601

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

<b>Is any part or program of the hospital licensed by another state agency:</b>		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
If Yes, Agency name: VA Department of Behavioral Health		Program/ Part: Adult Psycn1atr1c Program
Agency name:		Program/ Part:
Agency name:		Program/ Part:

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VDH/OLC



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

**Conditioned COPNs**

The facility has reviewed its COPNs and has determined that:

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

**Ownership of the hospital**

Hospital Owner: Winchester Medical Center, Inc.		Tel. Number: 540-536-8000	
Street Address: 1840 Amherst Street		Fax Number: 540-536-7847	
City: Winchester	County: !!FORMTEXT	State: VA	Zip: 22601
Chief Executive Officer: <b>Mark M. Merrill - Valley Health Systems</b>		Email Address: mmeml@valleyhealthlink.com	
Chief Financial Officer: Bob Amos		Email Address: bamos@valleyhealthlink.com	

**Valley of Ownership and Control**

For Profit: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Individual <input type="checkbox"/> Other:	Not for Profit: <input type="checkbox"/> Charitable organization <input type="checkbox"/> Church <input checked="" type="checkbox"/> 181 Corporation <input type="checkbox"/> Other:	Public: <input checked="" type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> Multijurisdictional <input type="checkbox"/> Hospital authority Other:	Federal ID Number: 54-0505979
Is the hospital operated by the owner? Yes No If no, complete section below:			
Operator Name:		Fax:	
Street Address:			
City:	County:	State:	Zip:
Email Address:		Web Address:	

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OCT 22 2018

VDH/OLC

# VDU/Office of Licensure and Certification

## Application for Inpatient Hospital Licensure

### General Information concerning this license

A. Type of hospital:

General acute care hospital

D Specialty medical hospital

☒ General acute care hospital excluding obstetrics

☐ Rural hospital (Critical access hospital)

☐ Long term care hospital (LTACH)

☐ Specialty hospital for children

8 Specialty rehabilitation hospital  
Other:

8. Freestanding facilities: Attach a list of the full name and complete address of each freestanding facility to be included on this license.

C. Certification: ☒ None

☐ Medicare

☐ Medicaid

☐ CUA

D. Accreditation: ☐ None ☒ The Joint Commission Accreditation period: 06/2016 - 06/2019

Other: Medicare-Medicaid-Home Health Accreditation period: 07/2018 - 07/2021

Other: AASM - Winchester Medical Center Sleep Center Accreditation period: next renewal 04/19/19

Patient services offered:		H = Hospital campus		F = Freestanding	
Service	H	F	Service	H	F
<input type="checkbox"/> Burn Unit			<input checked="" type="checkbox"/> Psychiatric/substance abuse services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Cardiac care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Rehabilitation or therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> CUA lab			<input checked="" type="checkbox"/> Renal dialysis	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Respiratory/pulmonary services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Emergency services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Stroke (CVA) care		
<input checked="" type="checkbox"/> Medical/surgical			<input type="checkbox"/> Skilled LTC nursing		
<input checked="" type="checkbox"/> Intensive care			<input checked="" type="checkbox"/> Trauma		
<input checked="" type="checkbox"/> Nuclear medicine	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Level I		
<input checked="" type="checkbox"/> Obstetric			<input checked="" type="checkbox"/> Level II		
<input type="checkbox"/> Organ transplant			<input type="checkbox"/> Level I		
<input checked="" type="checkbox"/> Outpatient surgical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Ventilator		
<input checked="" type="checkbox"/> Pediatric			For Office Use ONLY  Total Licensed Beds Approved: _____ Date: _____		
<input checked="" type="checkbox"/> Perinatal					
<input type="checkbox"/> Basic					
<input type="checkbox"/> Intermediate (also provides Basic care)					
<input checked="" type="checkbox"/> Specialty (also provides Basic and Intermediate)					
<input type="checkbox"/> Subspecialty (also provides Basic, Intermediate and Specialty care)					
Bed capacity:					
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: <input checked="" type="checkbox"/> 44 (Including bassinets, warming stations, isolettes) <u>Do not add to total bed capacity</u>	

OCT 22 2018

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

**AFFIDAVIT**

I, Grad "5Kip" Phillips III, hereby swear (or affirm) that the information contained in this application is true and correct, and all federal state and local laws and regulations have been complied with.

SVP. v'W\$//I.

C

10 / 13  
Date

**Licensing Service Fee**

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  
9960 Mayland Drive, Suite 401  
Henrico, Virginia 23227**

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

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OCT 22 2018

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

**Freestanding Facilities**

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

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**OCT 22 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 charge.

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

**RECEIVED**

**OCI ?1 20,s**

**voH/OLC**

# Virginia

# Winchester Medical Center

**Berthiaume, Erle** <eric.berthlaume@vdh.virginia.gov>

To: **Skip** Phillips <gphilips@valleyhealthlink.com>

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

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

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 1950, as amended.*

Winchester Medical Center, Inc.

(Operator)

is Authorized to Operate,

Winchester Medical Center

(Name of Organization)

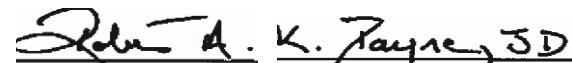
a General Hospital located at:

1840 Amherst Street, Winchester, Virginia 22601

Total Bed Capacity Limited to 465 Expiration 12/31/2019



M. Norman Oliver, MD, MA  
State Health Commissioner



Robert A. K. Payne, JD  
Office of Licensure and Certification



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.

<b>Application type:</b>	<b>License year: 2020</b>
Application is for: <input type="radio"/> Initial Licensure <input checked="" type="radio"/> License Renewal <input type="radio"/> Change of Address <input type="radio"/> Change of Ownership	<input type="checkbox"/> Change in bed capacity during licensure period <input type="checkbox"/> Addition of freestanding facilities <input type="checkbox"/> Addition of programs or services
All sections of this application must be completed for all application types	

<b>Hospital Identification</b>		
Name of hospital Winchester Medical Center	Main Telephone Number (540) 536-8000	
Street Address 1840 Amherst Street	Fax (540) 536-7847	
Winchester	VA	22601
Web Address valleyhealthlink.com	Federal Employer ID Number: 54-0505979	
Mailing address (if different from above) PO Box 3340		
City Winchester	State VA	Zip 22601

Administrator of record, if different than owner/operator	
Name: Grady "Skip" Philips, III	Title: WMC President, V.H. SR, VP
Telephone Number: (540) 536-8021	Email Address: aphiliosavall@valleyhealthlink.com

Is any part or program of the hospital licensed by another state agency?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
If Yes, Agency name: VA Department of Behavioral Health	Program/ part: Adult Psychiatric Program
Agency name:	Program/ Part:
Agency name:	Program: ECEIVED Part:

NOV 11 2019

VDH/OLC



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

**Conditional or Conditioned Certificate of Public Health (COPN)**

The facility has reviewed its COPNs and has determined that:

1. No conditioned COPNs are applicable to the facility: Yes ☒ No ☐ OR  
 2. Conditioned COPNs are applicable to the facility and the facility has met the conditioned requirements: Yes ☐ No ☒

☐ Pursuant to § 32.1-102.2 C, a license cannot be renewed if the agreed upon conditions have not been met.

Hospital Owner: Winchester Medical Center	Tel. Number: 540-536-8000
Street Address: 1840 Amherst Street	Fax Number: 540-536-7847
City: Winchester	County:
State: VA	Zip: 22601
Chief Executive Officer: Mark M. Merrill • Valley Health Systems	Email Address: mmerrill@valleyhealthlink.com

Chief Financial Officer:	Email Address:

<b>Ownership of the hospital</b>	
Bob Amos	bamos@vallevhealthlink.com

<b>Type of Ownership</b>		<b>111 Control</b>		<b>Federal ID Number:</b> 54-0505979	
<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Individual <input type="checkbox"/> Other:		Not for Profit: <input checked="" type="checkbox"/> Charitable organization <input type="checkbox"/> Church <input type="checkbox"/> Corporation <input type="checkbox"/> Other:		<input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> Multijurisdictional <input type="checkbox"/> Hospital authority <input type="checkbox"/> Other:	
Is the hospital operated by the owner?		Yes	No	If no, complete section below:	
Operator Name:		Fax:			
Street Address:					
City:		County:		State:	Zip:
Email Address:			Web Address:		

RECEIVED

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

**1. Information concerning the hospital**

A. Type of hospital:

General acute care hospital ☐ **B** General acute care hospital excluding obstetrics ☒ **D** Specialty medical hospital ☐  
Rural hospital (Critical access hospital) ☐ **D** Specialty rehabilitation hospital ☐  
Long term care hospital (LTACH) ☐ ☐ Other: \_\_\_\_\_  
Specialty hospital for children ☐

B. Freestanding facilities: Attach a list of the full name and complete address of each freestanding facility to be included on this license.

C. Certification: ☐ None ☐ Medicare ☐ Medicaid ☒ CUA  
D. Accreditation: ☐ None ☒ The Joint Commission Accreditation period: 04/2019-04/2022  
Other: \_\_\_\_\_ Accreditation period: \_\_\_\_\_  
Other: \_\_\_\_\_ Accreditation period: \_\_\_\_\_

Patient services offered:		H = Hospital campus		F = Freestanding	
Service	H	F	Service	H	F
<del>Psychiatric/substance abuse services</del>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<del>Psychiatric/substance abuse services</del>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<del>Rehabilitation or therapy</del>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<del>Rehabilitation or therapy</del>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<del>Renal dialysis</del>	<input type="checkbox"/>	<input type="checkbox"/>	<del>Renal dialysis</del>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diagnostic imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Respiratory/pulmonary services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Emergency services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stroke (CYA) care	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medical/surgical	<input type="checkbox"/>	<input type="checkbox"/>	Skilled LTC nursing	<input type="checkbox"/>	<input type="checkbox"/>
<del>Intensive care</del>	<input type="checkbox"/>	<input type="checkbox"/>	Trauma	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nuclear medicine	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Level I	<input type="checkbox"/>	<input type="checkbox"/>
Obstetric	<input type="checkbox"/>	<input type="checkbox"/>	Level II	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Organ transplant	<input type="checkbox"/>	<input type="checkbox"/>	Level III	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient surgical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ventilator	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pediatric	<input type="checkbox"/>	<input type="checkbox"/>	<b>For Office Use ONLY</b> Total Licensed Beds Approved: _____ Date: _____ 		
Neonatal	<input type="checkbox"/>	<input type="checkbox"/>			
Basic	<input type="checkbox"/>	<input type="checkbox"/>			
Intermediate (also provides Basic care)	<input type="checkbox"/>	<input type="checkbox"/>			
Specialty (also provides Basic and Intermediate)	<input type="checkbox"/>	<input type="checkbox"/>			
Subspecialty (also provides Basic, Intermediate and Specialty care)	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Bed capacity:</b>					
Total number of authorized beds:	465		Total number of authorized ambulatory care stations:	44	

NOV 11 2019

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

(excluding infant care stations, emergency department beds/stretchers, observation beds, recovery room beds, labor room beds)		(including bassinets, warming stations and Isolettes) Do not add 1Q 1Q1al bed cgggg	
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<p style="margin: 0;">I, <u>bro v"-• rn, 1ps, III</u> <u>herebyswear(oraffirm)thattheinformation</u>  contained in this application is true and correct, and all federal state and local laws and regulations have been complied</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;"> <p style="font-size: 24px; margin: 0;"><u>w c:j)"</u></p> <p>Signature and Title of Applicant</p> </div> <div style="width: 35%; text-align: right;"> <p style="font-size: 24px; margin: 0;"><u>J 0\30 12.0,0,</u></p> <p>Date</p> </div> </div>	
--	--

<b>Licensing (service) fees</b>
<p>Pursuant to 32.1-130 of the Code of Virginia, the fee for each initial and renewal license is determined as follows:</p> <p style="text-align: center; margin-top: 20px;">\$1.50 per patient bed  Not less than \$75.00 but not more than \$500.00.</p>

<p>Return this completed application and a check for the full licensing fee to:</p> <p style="margin-top: 20px;"><b>Acute Care Unit</b>  <b>Office of Licensure and Certification</b>  <b>Virginia Department of Health</b>  <b>9980 Mayland Drive, Suite 401</b>  <b>Henrico, Virginia 23233</b></p> <p style="margin-top: 20px;">Questions? Contact the Acute Care Unit at: (804) 367-2104 or <a href="mailto:OLC-Inquiries@vdh.virginia.gov">OLC-Inquiries@vdh.virginia.gov</a></p>
--

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VDHIOLC

**Freestanding Facilities**

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

Commonwealth of

A Virginia

Berthiaume, Eric &lt;eric.berthlaume@vdh.virginia.gov&gt;

## Winchester Medical Center

1 message

Berthiaume, Eric &lt;eric.berthlaume@vdh.virginia.gov&gt;

Tue, Nov 12, 2019 at 1:53 PM

To: Skip Philips &lt;gphilips@valleyhealthlink.com&gt;

**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 Licensure & 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 32.1 Chapter 5,  
Article 1, of the Code of Virginia 1950, as amended*

Winchester Medical Center

(Operator)

is Authorized to Operate,

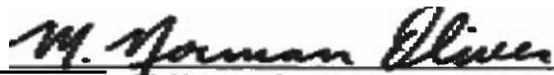
Winchester Medical Center

(Name of Organization)

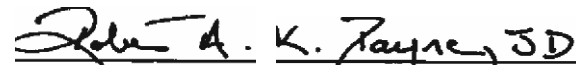
a General Hospital located at:

1840 Amherst Street, Winchester, Virginia 22601

Total Bed Capacity Limited to 465 Expiration 12/31/2020



M. Norman Oliver, MD, MA  
State Health Commissioner



Robert A. K. Payne, JD, Director  
Office of Licensure and Certification





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.

**Application type**

Application is for:

☒ Initial Licensure

☐ License Renewal

☐ Change of Address

☐ Change of Ownership

License year: 2021

☐ Change in bed capacity during licensure period

☐ Addition of freestanding facilities

☐ Addition of programs or services

All sections of this application must be completed for all application types

**Hospital Identification**

Name of hospital

Winchester Medical Center

Main Telephone Number

( 540 ) 536-8000

Street Address

1840 Amherst Street

Fax

( 540 ) 536-7847

City

Winchester

County

State

VA

Zip

22601

Web Address

valleyhealthlink.com

Federal Employer JD Number: 54-

0505979

Mailing address (if different from above)

PO Box 3340

Winchester

State

VA

22601

Administrator of record, if different than owner/operator

Name: Grady 'Skip' Philips, III

Telephone Number: ( 540 ) 536-8021

Title:

WMC President, VH SR VP

Email Address: [aphillips@valleyhealthlink.com](mailto:aphillips@valleyhealthlink.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

Aaency name:

Program/

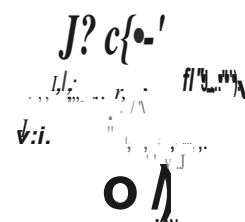
Part:

Aaency name:

Program/

Part:

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

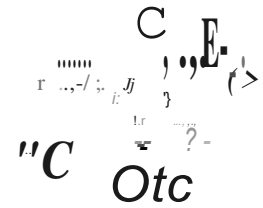


<b>Compliance with conditioned Certificates of Public Need (COPN)</b>	
The facility has reviewed its COPNs and has determined that:	
1. No conditioned COPNs are applicable to the facility: Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> OR 2. Conditioned COPNs are applicable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

<b>Ownership of the hospital</b>			
Hospital Owner: Winchester Medical Center, Inc		Tel. Number: 540-536-8000	
Street Address: 1840 Amherst Street		Fax Number: 540-536-7847	
City: Winchester	County:	State: VA	Zip: 22601
Chief Executive Officer: Mark Nantz Valley Health System		Email Address: mnantz@valleyhealthlink.com	
Chief Financial Officer: Bob Amos		Email Address: bamos@valleyhealthlink.com	

<b>Type of Ownership and Control</b>			
For Profit: <input checked="" type="checkbox"/> Corporation <input checked="" type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Co. <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Other:	Not for Profit <input checked="" type="checkbox"/> Charitable organization <input type="checkbox"/> Church <input type="checkbox"/> Corporation <input type="checkbox"/> Other:	Public: <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> City <input checked="" type="checkbox"/> Multijurisdictional <input checked="" type="checkbox"/> Hospital authority <input checked="" type="checkbox"/> other:	Federal ID Number: 54-0505979
Is the hospital operated by the owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, complete section below:			
Operator Name:			Fax:
Street Address:			
Email Address:		Web Address:	

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



**General information concerning the hospital**

- A. ☒ General acute care hospital  
☐ General acute care hospital excluding obstetrics  
☐ Rural hospital ( Critical access hospital)  
☐ Long term care hospital (LTACH)  
☐ Specialty hospital for children
- D ☐ Specialty medical hospital  
D ☐ Specialty rehabilitation hospital  
D ☐ Other:

B. Freestanding facilities: Attach a list of the full name and complete address of each freestanding facility to be included on this license.

C. Certification: ☐ None ☐ Medicaid ☐ CUA

D. Accreditation: ☐ None ☐ The Joint Commission Accreditation ☐ rioid: **4/2019 -4/2022**

Other: AASM - Winchester Medical Center Sleep Center Accreditation rioid: 2/2020 - 2/2025

Other: Accreditation rioid:

**Patient services offered:**

H = Hospital campus		F = Freestanding	
Service	H I F	Service	H I F
<input checked="" type="checkbox"/> Bum Unit		<input checked="" type="checkbox"/> ( Psychiatric/substance abuse services	<input checked="" type="checkbox"/> <>
<input checked="" type="checkbox"/> Cardiac care	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Rehabilitation or therapy	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input checked="" type="checkbox"/> CUA lab		<input checked="" type="checkbox"/> 6 Renal dialysis	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input checked="" type="checkbox"/> Diagnostic imaging		<input checked="" type="checkbox"/> Respiratory/pulmonary services	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input checked="" type="checkbox"/> Emergency services	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Stroke (CVA) care	
<input checked="" type="checkbox"/> Medical/surgical		Skilled LTC nursing	
<input checked="" type="checkbox"/> Intensive care		<input checked="" type="checkbox"/> Trauma	
<input checked="" type="checkbox"/> Nuclear medicine	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Level III	
Obstetric		Level II	
<input type="checkbox"/> Organ transplant		Level I	
<input checked="" type="checkbox"/> Outpatient surgical	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Ventilator	
<input checked="" type="checkbox"/> Pediatric		<b>For Office Use ONLY</b>  Total Licensed Beds Approved: _____ Date: _____	
<input checked="" type="checkbox"/> Perinatal			
<input checked="" type="checkbox"/> Basic			
<input type="checkbox"/> Intermediate (also provides Basic care) <input checked="" type="checkbox"/> Specialty (also provides Basic and Intermediate) <input type="checkbox"/> Subspecialty (also provides Basic, Intermediate and Specialty care)			
<b>Bed capacity:</b>			
Total number of authorized beds:	465	Total number of authorized infant care stations:	44

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

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

**AFFIDAVIT**

I, Philip J. Williams, hereby swear (or affirm) that the information contained in this application is true and correct, and all federal state and local laws and regulations have been complied with.

Philip J. Williams  
 Signature and Title of Applicant President, WMK  
Sr Vice President, Vb.1s

1/13/09  
 Date ( 309C cr412 )

**Licensing (se, vice) fltf**

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**  
**9960 Mayland Drive, Suite 401**  
**Henrico, Virginia 23233**

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

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 Commonwealth of**Virginia****Berthiaume, Eric** <eric.berthlaume@vdh.virginia.gov>**Winchester Medical Center**

1 message

**Berthiaume, Eric** <eric.berthlaume@vdh.virginia.gov>

Fri, Nov 13, 2020 at 8:40 AM

To: gphlllps@valleyhealthlink.com

**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	11-4-20
Check Number	<b>716431</b>
<b>Date Received</b>	<b>11-12-20</b>
Date Deposited	11-13-20
Bank Deposit Number	<b>70563547</b>

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



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  
(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 465      Expiration 12/31/2021

M. Norman Oliver, MD, MA  
State Health Commissioner

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)