

## Application Details

<b>Application Status</b>	<b>Approved</b>
<b>Application Id</b>	BLA-0000002318
<b>DBA Name of Facility/Agency</b>	Fauquier Hospital
<b>Facility Type</b>	Inpatient Hospital
<b>Application Type</b>	Renewal License
<b>Approved Date</b>	12/4/2023
<b>Effective Date</b>	1/1/2024
<b>Expiration Date</b>	12/31/2024

## **Confirm changes to your facility/agency**

Changes to your facility/agency :

- Has the number of licensed beds changed?
- Has the facility DBA or legal name changed?
- Has the facility operator or owner changed?
- Has the facility address changed?
- Have you changed or added new freestanding facilities?
- Has the number of operating rooms or procedure rooms changed?
- Have you changed or added new programs or services?
  
- None of these changes apply

## Facility/Agency Details

Application Type	Renewal License	License Effective Date	1/1/2024
Legal Name of Facility/Agency	Fauquier Medical Center, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Fauquier Hospital		
Facility/Agency Physical Address	500 Hospital Drive		
Street			
City/Town	Warrenton	County/Independent City	Fauquier
State	Virginia	Zip Code	20186
Telephone Number	5403165000	Fax Number	5403165001

### Mailing Address

Mailing Address	500 Hospital Dr, Warrenton, VA 20186, USA		
Street			
City/Town	Warrenton	County/Independent City	Fauquier County
State	VA	Zip Code	20186

Facility/Agency Email Address : rebecca.segal@fauquierhealth.org

Federal Employer Identification Number (FEIN) : 46-3107896

Current License Number : H-0001851

### Administrator of Record(If different than Owner/Operator)

Full Name : Rebecca M. Segal

Title : Chief Executive Officer

Telephone Number : 5403165002

Email Address : rebecca.segal@fauquierhealth.org

## **Ownership Information**

Legal Name of Owner : Lifepoint Health, Inc.

**Physical Address** : 330 Seven Springs Way, Brentwood, TN 37027, USA

Street :

City/Town : Brentwood

County/Independent City : Williamson County

State : TN

Zip Code : 37027

**Mailing Address** : 330 Seven Springs Way, Brentwood, TN 37027, USA

Street :

City/Town : Brentwood

County/Independent City : Williamson County

State : TN

Zip Code : 37027

Email Address : william.haugh@lpnt.net

Telephone Number : 6159207000

Fax Number : 6159208981

Federal Employer Identification Number (FEIN) : 27-0500485

### **Chief Executive Officer**

Full Name : William C. Haugh

Email Address : william.haugh@lpnt.net

### **Chief Financial Officer**

Full Name : Dan E. Davis

Email Address : dan.davis@lpnt.net

## **Additional Ownership Information**

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

<b>Full Name</b>	<b>Ownership Percentage (%)</b>
Lifepoint Health, Inc.	100.00%

Sum of Ownership Percentage (%) : 100.00%

Types of Ownerships & Control : For Profit

For Profit : Corporation

Not-for-Profit :

Public :

Other(Specify) :

## **Operator Information**

Legal Name of Operator : Fauquier Medical Center, LLC

Physical Address : 500 Hospital Dr, Warrenton, VA 20186, USA

Street :

City/Town : Warrenton

County/Independent City : Fauquier County

State : VA

Zip Code : 20186

Mailing Address : 500 Hospital Dr, Warrenton, VA 20186, USA

Street :

City/Town : Warrenton

County/Independent City : Fauquier County

State : VA

Zip Code : 20186

Phone Number : 5403165000

Email Address : [rebecca.segal@fauquierhealth.org](mailto:rebecca.segal@fauquierhealth.org)

Federal Employer Identification Number (FEIN) : 46-3107896

## **Inpatient Hospital Information**

Type of Hospital : General Hospital

Type of Special Hospital :

If Other, please specify :

Certification : Medicare;Medicaid

Medicare Provider Number : 490023

Medicaid Provider Number :

Accreditation : Yes

Accrediting Organization(s) : The Joint Commission

Is any part of the facility licensed by another state agency? : No

### **Programs Licensed by Other State Agencies**

<b>Type of Beds</b>	<b>Number of Beds</b>
---------------------	-----------------------

## **Inpatient Hospital - Services Offered**

### **Burn Unit**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

### **Cardiac Catheterization Laboratory**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

### **Cardiac Surgery**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

### **Certified Comprehensive Stroke Center**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

### **Chemotherapy**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

### **Emergency Department**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

### **Hyperbaric**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

### **CT Scanner**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

### **MRI**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

### **PET Scan**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

### **Imaging (Therapeutic)**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Medical/Surgical**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Cardiac (Nonsurgical)**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Pediatric**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Surgical**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Other**

Names of sub-services :

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Laboratory (Clinical)**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Medical/Surgical**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Nuclear Medicine**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Basic**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Intermediate (also provides Basic Care)**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Specialty (also provides Basic and Intermediate)**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Subspecialty(also provides Basic, Intermediate, Specialty Care)**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Obstetric**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Organ Transplant Services (Adult)**

**Bone Marrow**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Heart**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Intestine**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Kidney**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Liver**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Lung**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Pancreas**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Organ Transplant Services (Pediatric)**

**Bone Marrow**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Heart**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Intestine**

Hospital Campus     Freestanding  
Name and Address of Freestanding Facilities :

**Kidney**

Hospital Campus     Freestanding  
Name and Address of Freestanding Facilities :

**Liver**

Hospital Campus     Freestanding  
Name and Address of Freestanding Facilities :

**Lung**

Hospital Campus     Freestanding  
Name and Address of Freestanding Facilities :

**Pancreas**

Hospital Campus     Freestanding  
Name and Address of Freestanding Facilities :

**Outpatient Surgical**

Hospital Campus     Freestanding  
Name and Address of Freestanding Facilities :

**Pediatric**

Hospital Campus     Freestanding  
Name and Address of Freestanding Facilities :

**Psychiatric/Substance Abuse Services**

**Emergency**

Hospital Campus     Freestanding  
Name and Address of Freestanding Facilities :

**Pediatric Inpatient**

Hospital Campus     Freestanding  
Name and Address of Freestanding Facilities :

**Forensic**

Hospital Campus     Freestanding  
Name and Address of Freestanding Facilities :

**Adult Inpatient**

Hospital Campus     Freestanding  
Name and Address of Freestanding Facilities :

**Outpatient**

Hospital Campus     Freestanding  
Name and Address of Freestanding Facilities :

**Inpatient Unit**

Hospital Campus     Freestanding  
Name and Address of Freestanding Facilities :

**Inpatient (Other)**

Hospital Campus     Freestanding  
Name and Address of Freestanding Facilities :

**Outpatient**

Hospital Campus     Freestanding  
Name and Address of Freestanding Facilities :

**Renal Dialysis**

Hospital Campus     Freestanding  
Name and Address of Freestanding Facilities :

**Respiratory/Pulmonary Services**

Hospital Campus     Freestanding  
Name and Address of Freestanding Facilities :

**Sexual Assault Treatment Services**

Provision of this service on or after July 1, 2023 must be in accordance with a plan approved by the Virginia Department of Health. Hospitals wishing to transition from sexual assault treatment services to sexual assault transfer services (or vice versa) for either adult or pediatric populations must submit a midterm change application.

**Adult**

Hospital Campus     Freestanding  
Name and Address of Freestanding Facilities :

**Pediatric**

Hospital Campus     Freestanding  
Name and Address of Freestanding Facilities :

**Adult**

Hospital Campus     Freestanding  
Name and Address of Freestanding Facilities :

**Pediatric**

Hospital Campus     Freestanding  
Name and Address of Freestanding Facilities :

**Skilled LTC Nursing**

Hospital Campus     Freestanding  
Name and Address of Freestanding Facilities :

**Trauma Center (Designated)  
Level III**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Level II**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Level I**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Urgent Care Services**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Ventilator**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

## **Inpatient Hospital - Bed Capacity & Operating Rooms**

### **Bed Capacity**

Total number of authorized beds : 97

Total number of authorized infant care stations : 22

### **Additional Bed/Room Information**

Number of ICU beds (Adult) : 10

Number of ICU beds (Pediatric) : 0

Number of Inpatient Psychiatric beds (Adult) : 0

Number of Inpatient Psychiatric beds (Pediatric) : 0

Number of Inpatient Rehab beds : 0

Number of negative pressure rooms : 18

Number of decontamination stations : 1

Total Bed Capacity (Excluding Negative pressure rooms and decontamination stations) : 10

### **Operating Rooms**

Total number of operating rooms : 5

## **Inpatient Hospital - Compliance with conditioned Certificates of Public Need (COPN)**

The facility has reviewed its COPNs and has determined that

Conditioned COPNs are applicable to the facility : Yes

Conditioned COPNs are applicable to the facility and the facility has met the conditioned requirements.  
Pursuant to 12VAC5-410-70, a license cannot be renewed if the agreed upon conditions have not been met. :  
Yes

## **Inpatient Information - Small Business Information**

Answering these two questions is optional, but will help the Virginia Department of Health better estimate the number of small businesses that have or apply for licenses.

Is the facility/agency independently owned and operated? :

Does the facility/agency have fewer than 500 employees? :

## **Certification and Submission**

By submitting this application, I hereby certify that the information contained in this application and any attachments are true, accurate, and complete

Name and Title of Authorized Representative : Rebecca M. Segal

Date : 11/21/2023