

Application Details

Application Status	Approved
Application Id	BLA-0000002452
DBA Name of Facility/Agency	Roanoke Valley Center for Sight, LLC
Facility Type	Outpatient Surgical Hospital
Application Type	Renewal License
Approved Date	12/12/2023
Effective Date	1/1/2024
Expiration Date	12/31/2024

Confirm changes to your facility/agency

Changes to your facility/agency :

- Has the facility DBA or legal name changed?
- Has the facility operator or owner changed?
- Has the facility address changed?
- 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	Roanoke Valley Center for Sight, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Roanoke Valley Center for Sight, LLC		
Facility/Agency Physical Address	2154 McVitty Road, Suite 101		
Street			
City/Town	Roanoke	County/Independent City	Roanoke City
State	Virginia	Zip Code	24018
Telephone Number	5403785276	Fax Number	5407722378

Mailing Address

Mailing Address	2154 McVitty Road, Suite 101		
Street			
City/Town	Roanoke	County/Independent City	
State	Virginia	Zip Code	24008

Facility/Agency Email Address : gdonithan@vistareye.com

Federal Employer Identification Number (FEIN) : 54-1982898

Current License Number : OSH-0000730

Administrator of Record(If different than Owner/Operator)

Full Name : HERBERT

Title : PIERCE

Telephone Number : 5408555100

Email Address : hpierce@vistareye.com

Ownership Information

Legal Name of Owner : ROANOKE VALLEY CENTER FOR SIGHT LLC

Physical Address : 2154 McVitty Road, Suite 101

Street :

City/Town : Roanoke

County/Independent City :

State : VIRGINIA

Zip Code : 24018

Mailing Address : 2154 MCVITTY RD, STE 101

Street :

City/Town : Roanoke

County/Independent City :

State : Virginia

Zip Code : 24008

Email Address : gdonithan@vistareye.com

Telephone Number : 5408555132

Fax Number :

Federal Employer Identification Number (FEIN) : 54-1982898

Chief Executive Officer

Full Name : HERBERT PIERCE

Email Address : hpierce@vistareye.com

Chief Financial Officer

Full Name : JOHN THISDELL

Email Address : jthisdell@vistareye.com

Additional Ownership Information

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

Full Name	Ownership Percentage (%)
FRANK COTTER MD	6.67%
CHAD ALBRIGHT MD	6.67%
EUGENE ENG MD	6.67%
TIMOTHY BYRNES MD	6.67%
ROMULO ALBUQUERQUE MD	6.67%
JOHN FACCIANI MD	6.67%
KARLI GRIFFETH MD	6.67%
WILL GRIFFETH MD	6.67%
VISHAK JOHN MD	6.67%
MICHAEL MCCLINTOCK MD	6.67%
NICHOLAS RAMEY MD	6.66%
SCOTT STRELOW MD	6.66%
TAD SCHOEDEL MD	6.66%
J. STUART TIMS MD	6.66%
WILLIAM THOMPSON MD	6.66%

Sum of Ownership Percentage (%) : 100.00%

Types of Ownerships & Control : For Profit

For Profit : Limited Liability Company

Not-for-Profit :

Public :

Other(Specify) :

Operator Information

Legal Name of Operator : Roanoke Valley Center for Sight, LLC

Physical Address : 2154 McVitty Road, Suite 101

Street :

City/Town : Roanoke

County/Independent City :

State : Virginia

Zip Code : 24018

Mailing Address : 2154 MCVITTY RD, STE 101

Street :

City/Town : Roanoke

County/Independent City :

State : Virginia

Zip Code : 24008

Phone Number : 5403785276

Email Address : gdonithan@vistareye.com

Federal Employer Identification Number (FEIN) : 54-1982898

Outpatient Surgical - Hospital Information

Ambulance services providing emergency transportation of patients : LIFELINE AMBULANCE SERVICES

Inpatient hospitals for transferring patients needing treatment beyond the scope of the applicant : HCA
LEWIS GALE HOSPITAL CARILION ROANOKE MEMORIAL HOSPITAL

Certification : Medicare

Medicare Provider Number : 49C0001068

Medicaid Provider Number :

Accreditation : Yes

Accrediting Organization(s) : AAAHC

Outpatient Surgical - Services Offered

Ancillary Services

Laboratory

Pathology Onsite

Radiology

CT MRI X-Ray Ultrasound

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 Pediatric

Sexual Assault Transfer 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 Pediatric

Surgical Services

Plastic and Reconstructive ENT Cardiology Therapeutic Radiology Endoscopy
 Urology Ophthalmology Neurology Vascular Access Orthopedic General
Surgery

Outpatient Surgical - Operating Rooms

Total number of operating rooms : 1

Outpatient Surgical - Compliance with conditioned Certificates of Public Need (COPN)

The facility has review its COPN conditions 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

Outpatient Information - Operation 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 : GWENDOLYN S. DONITHAN RN, CLINICAL DIRECTOR

Date : 12/12/2023