

## Application Details

<b>Application Status</b>	<b>Approved</b>
<b>Application Id</b>	BLA-0000002492
<b>DBA Name of Facility/Agency</b>	Reston Hospital Center
<b>Facility Type</b>	Inpatient Hospital
<b>Application Type</b>	Mid-Term Change License
<b>Approved Date</b>	12/19/2023
<b>Effective Date</b>	12/19/2023
<b>Expiration Date</b>	12/31/2023

## **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	Mid-Term Change License	License Effective Date	12/19/2023
Legal Name of Facility/Agency	Reston Hospital Center, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Reston Hospital Center		
Facility/Agency Physical Address	1850 Town Center Parkway		
Street			
City/Town	Reston	County/Independent City	Fairfax
State	Virginia	Zip Code	20190
Telephone Number	7036899000	Fax Number	7036890840

### Mailing Address

Mailing Address	1850 Town Center Parkway		
Street			
City/Town	Reston	County/Independent City	Fairfax
State	Virginia	Zip Code	20190

Facility/Agency Email Address : [kellie.mobley@hcahealthcare.com](mailto:kellie.mobley@hcahealthcare.com)

Federal Employer Identification Number (FEIN) : 62-1777534

Current License Number : H-1886

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

Full Name : John Deardorff

Title :

Telephone Number :

Email Address : john.deardorff@healthcare.com

## **Ownership Information**

Legal Name of Owner : Reston Hospital Center, LLC

**Physical Address** : 1850 Town Center Pkwy, Reston, VA 20190, USA

Street :

City/Town : Reston

County/Independent City : Fairfax County

State : VA

Zip Code : 20190

**Mailing Address** : 1850 Town Center Pkwy, Reston, VA 20190, USA

Street :

City/Town : Reston

County/Independent City : Fairfax County

State : VA

Zip Code : 20190

Email Address : [kellie.mobley@hcahealthcare.com](mailto:kellie.mobley@hcahealthcare.com)

Telephone Number : 7036899000

Fax Number : 7036890840

Federal Employer Identification Number (FEIN) : 62-1777534

### **Chief Executive Officer**

Full Name : John Deardorff

Email Address : [john.deardorff@hahealthcare.com](mailto:john.deardorff@hahealthcare.com)

### **Chief Financial Officer**

Full Name : John Porada

Email Address : [john.porada@hcahealthcare.com](mailto:john.porada@hcahealthcare.com)

## **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>
Reston Hospital, LLC	100.00%

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 : Reston Hospital Center, LLC

Physical Address : 1850 Town Center Pkwy, Reston, VA 20190, USA

Street :

City/Town : Reston

County/Independent City : Fairfax County

State : VA

Zip Code : 20190

Mailing Address : 1850 Town Center Pkwy, Reston, VA 20190, USA

Street :

City/Town : Reston

County/Independent City : Fairfax County

State : VA

Zip Code : 20190

Phone Number : 7036899000

Email Address : [kellie.mobley@hcahealthcare.com](mailto:kellie.mobley@hcahealthcare.com)

Federal Employer Identification Number (FEIN) : 62-1777534

## **Inpatient Hospital Information**

Type of Hospital : General Hospital

Type of Special Hospital :

If Other, please specify :

Certification : Medicare;Medicaid

Medicare Provider Number : 490107

Medicaid Provider Number :

Accreditation : Yes

Accrediting Organization(s) : JCAHO

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>
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## **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 : Tyson's Emergency 8240 Leesburg Pike Vienna, VA  
22128

### **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 : Tyson's Emergency 8240 Leesburg Pike Vienna, VA  
22128

**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 :

**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 :

**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 : 243

Total number of authorized infant care stations : 44

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

Number of ICU beds (Adult) : 28

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 : 30

Number of negative pressure rooms : 13

Number of decontamination stations : 2

Total Bed Capacity (Excluding Negative pressure rooms and decontamination stations) : 58

### **Operating Rooms**

Total number of operating rooms : 18

## **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 : Whitney Fenyak

Date : 12/15/2023