

Application Details

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|------------------------------------|-------------------------------------|
| Application Status | Approved |
| Application Id | BLA-0000003314 |
| DBA Name of Facility/Agency | Carilion Franklin Memorial Hospital |
| Facility Type | Inpatient Hospital |
| Application Type | Renewal License |
| Approved Date | 11/28/2024 |
| Effective Date | 1/1/2025 |
| Expiration Date | 12/31/2025 |

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 | 1/1/2025 |
| Legal Name of Facility/Agency | Carilion Franklin Memorial Hospital | | |
| Fictitious Name ("doing business as" or "DBA") of Facility/Agency | Carilion Franklin Memorial Hospital | | |
| Facility/Agency Physical Address | 180 Floyd Avenue | | |
| Street | | | |
| City/Town | Rocky Mount | County/Independent City | Franklin County |
| State | Virginia | Zip Code | 24151 |
| Telephone Number | 5404895277 | Fax Number | 5404839546 |

Mailing Address

| | | | |
|-----------------|------------------|-------------------------|-----------------|
| Mailing Address | 180 Floyd Avenue | | |
| Street | 180 Floyd Avenue | | |
| City/Town | Rocky Mount | County/Independent City | Franklin County |
| State | Virginia | Zip Code | 24151 |

Facility/Agency Email Address : ctcline@carilionclinic.org

Federal Employer Identification Number (FEIN) : 54-0480606

Current License Number : H-0001836

Administrator of Record(If different than Owner/Operator)

Full Name : Carl T. Cline, Jr.

Title : VP/Administrator

Telephone Number : 5404896344

Email Address : ctcline@carilionclinic.org

Ownership Information

Legal Name of Owner : Carilion Franklin Memorial Hospital

Physical Address : 180 Floyd Ave, Rocky Mount, VA 24151, USA

Street : 180 Floyd Avenue

City/Town : Rocky Mount

County/Independent City : Franklin County

State : VA

Zip Code : 24151

Mailing Address : 180 Floyd Ave, Rocky Mount, VA 24151, USA

Street : 180 Floyd Avenue

City/Town : Rocky Mount

County/Independent City : Franklin County

State : Virginia

Zip Code : 24151

Email Address : ctcline@carilionclinic.org

Telephone Number : 5404896344

Fax Number : 5404939546

Federal Employer Identification Number (FEIN) : 54-0480606

Chief Executive Officer

Full Name : Carl T. Cline, Jr.

Email Address : ctcline@carilionclinic.org

Chief Financial Officer

Full Name : Donald B. Halliwill

Email Address : dbhalliwill@carilionclinic.org

Additional Ownership Information

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

| Full Name | Ownership Percentage (%) |
|-------------------------------------|---------------------------------|
| Carilion Franklin Memorial Hospital | 100.00% |

Sum of Ownership Percentage (%) : 100.00%

Types of Ownerships & Control : Not-for-Profit

For Profit :

Not-for-Profit : Corporation

Public :

Other(Specify) :

Operator Information

Legal Name of Operator : Carilion Franklin Memorial Hospital

Physical Address : 180 Floyd Ave, Rocky Mount, VA 24151, USA

Street : 180 Floyd Avenue

City/Town : Rocky Mount

County/Independent City : Franklin County

State : VA

Zip Code : 24151

Mailing Address : 180 Floyd Ave, Rocky Mount, VA 24151, USA

Street : 180 Floyd Avenue

City/Town : Rocky Mount

County/Independent City : Franklin County

State : Virginia

Zip Code : 24151

Phone Number : 5404896344

Email Address : ctcline@carilionclinic.org

Federal Employer Identification Number (FEIN) : 54-0480606

Inpatient Hospital Information

Type of Hospital : General Hospital

Type of Special Hospital :

If Other, please specify :

Certification : Medicare;Medicaid

Medicare Provider Number : 49-0089

Medicaid Provider Number : 49-0089

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

| Type of Beds | Number of Beds |
|---------------------|-----------------------|
|---------------------|-----------------------|

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 :

Nursery Level

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 :

Adult

Hospital Campus Freestanding
Name and Address of Freestanding Facilities :

Pediatric

Hospital Campus Freestanding
Name and Address of Freestanding Facilities :

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

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 : 37

Total number of authorized infant care stations : 0

Additional Bed/Room Information

Number of ICU beds (Adult) : 4

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 : 4

Number of decontamination stations : 1

Total Bed Capacity (Excluding Negative pressure rooms and decontamination stations) : 4

Operating Rooms

Total number of operating rooms : 2

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 : No

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. :

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? : No

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

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 : Carl T. Cline, Jr.

Date : 8/19/2024