

## Application Details

<b>Application Status</b>	<b>Approved</b>
<b>Application Id</b>	BLA-0000004212
<b>DBA Name of Facility/Agency</b>	Cumberland Hospital for Children and Adolescents
<b>Facility Type</b>	Inpatient Hospital
<b>Application Type</b>	Renewal License
<b>Approved Date</b>	11/21/2024
<b>Effective Date</b>	1/1/2025
<b>Expiration Date</b>	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	Cumberland Hospital, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Cumberland Hospital for Children and Adolescents		
Facility/Agency Physical Address	9407 Cumberland Road		
Street	9407 Cumberland Road		
City/Town	New Kent	County/Independent City	New Kent County
State	Virginia	Zip Code	23124
Telephone Number	8049662242	Fax Number	8049665639

**Mailing Address**

Mailing Address	9407 Cumberland Road		
Street	9407 Cumberland Road		
City/Town	New Kent	County/Independent City	New Kent County
State	Virginia	Zip Code	23124

Facility/Agency Email Address : garrett.hamilton@uhsinc.com

Federal Employer Identification Number (FEIN) : 02-0567575

Current License Number : H-0001849

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

Full Name : Garrett Hamilton  
 Title : Chief Executive Officer  
 Telephone Number : 8049662242  
 Email Address : garrett.hamilton@uhsinc.com

## **Ownership Information**

Legal Name of Owner : Cumberland Hospital, LLC

**Physical Address** : 367 S Gulph Rd, King of Prussia, PA 19406, USA

Street : 367 S. Gulph Rd

City/Town : King of Prussia

County/Independent City : Montgomery County

State : PA

Zip Code : 19406

**Mailing Address** : 367 S Gulph Rd, King of Prussia, PA 19406, USA

Street : 367 S. Gulph Rd

City/Town : King of Prussia

County/Independent City : Montgomery County

State : PA

Zip Code : 19406

Email Address : garrett.hamilton@uhsinc.com

Telephone Number : 8049662242

Fax Number :

Federal Employer Identification Number (FEIN) : 02-0567575

### **Chief Executive Officer**

Full Name : Garrett Hamilton

Email Address : garrett.hamilton@uhsinc.com

### **Chief Financial Officer**

Full Name : Heather Seward

Email Address : heather.seward@uhsinc.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>
Cumberland 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 :

Physical Address : 367 S Gulph Rd, King of Prussia, PA 19406, USA  
Street : 367 S Gulph Rd  
City/Town : King of Prussia  
County/Independent City : Montgomery County  
State : PA  
Zip Code : 19406

Mailing Address : 367 S Gulph Rd, King of Prussia, PA 19406, USA  
Street : 367 S Gulph Rd  
City/Town : King of Prussia  
County/Independent City : Montgomery County  
State : PA  
Zip Code : 19406

Phone Number : 8049662242  
Email Address : garrett.hamilton@uhsinc.com

Federal Employer Identification Number (FEIN) : 02-0567575

## **Inpatient Hospital Information**

Type of Hospital : General Hospital

Type of Special Hospital : Hospital for Children

If Other, please specify :

Certification : Medicare;Medicaid

Medicare Provider Number : 49-3300

Medicaid Provider Number : 49-3300

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>
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## **Inpatient Hospital - Services Offered**

### **Burn Unit**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

### **Cardiac Care**

#### **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 :

### **Imaging (Diagnostic)**

#### **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 :

**Intensive Care**

**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 :

**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 : 62

Total number of authorized infant care stations : 0

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

Number of ICU beds (Adult) : 0

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 : 62

Number of negative pressure rooms : 0

Number of decontamination stations : 0

Total Bed Capacity (Excluding Negative pressure rooms and decontamination stations) : 62

### **Operating Rooms**

Total number of operating rooms : 0

## **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? :

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 : Garrett Hamilton, CEO

Date : 11/20/2024