

## Application Details

<b>Application Status</b>	<b>Approved</b>
<b>Application Id</b>	BLA-0000004315
<b>DBA Name of Facility/Agency</b>	Encompass Health Rehabilitation Hospital of Northern Virginia
<b>Facility Type</b>	Inpatient Hospital
<b>Application Type</b>	Renewal License
<b>Approved Date</b>	12/5/2024
<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	Encompass Health Rehabilitation Hospital of Northern Virginia, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Encompass Health Rehabilitation Hospital of Northern Virginia		
Facility/Agency Physical Address	24430 Millstream Drive		
Street	24430 Millstream Drive		
City/Town	Aldie	County/Independent City	Loudoun County
State	Virginia	Zip Code	20105
Telephone Number	7039572000	Fax Number	7039572389

### Mailing Address

Mailing Address	24430 Millstream Dr, Aldie, VA 20105, USA		
Street	24430 Millstream Drive		
City/Town	Aldie	County/Independent City	Loudoun County
State	VA	Zip Code	20105

Facility/Agency Email Address : [licensure@encompasshealth.com](mailto:licensure@encompasshealth.com)

Federal Employer Identification Number (FEIN) : 26-1159764

Current License Number : H-0001935

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

Full Name : Vidhya Kannan

Title : Hospital CEO

Telephone Number : 7039572068

Email Address : [vidhya.kannan@encompasshealth.com](mailto:vidhya.kannan@encompasshealth.com)

## **Ownership Information**

Legal Name of Owner : Encompass Health Owned Hospitals Holding

**Physical Address** : 9001 Liberty Pkwy, Birmingham, AL 35242, USA

Street : 9001 Liberty Parkway

City/Town : Birmingham

County/Independent City : Jefferson County

State : AL

Zip Code : 35242

**Mailing Address** : 9001 Liberty Pkwy, Birmingham, AL 35242, USA

Street : 9001 Liberty Parkway

City/Town : Birmingham

County/Independent City : Jefferson County

State : AL

Zip Code : 35242

Email Address : licensure@encompasshealth.com

Telephone Number : 2059677116

Fax Number : 2059696650

Federal Employer Identification Number (FEIN) : 27-2457679

### **Chief Executive Officer**

Full Name : Douglas E. Coltharp

Email Address : doug.coltharp@encompasshealth.com

### **Chief Financial Officer**

Full Name : Edmund M. Fay

Email Address : ed.fay@encompasshealth.com

## Additional Ownership Information

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

Full Name	Ownership Percentage (%)
Encompass Health Owned Hospitals Holdings, LLC	100.00%

Sum of Ownership Percentage (%) : 100.00%

Types of Ownerships & Control :

For Profit :

Not-for-Profit :

Public :

Other(Specify) :

## **Operator Information**

Legal Name of Operator : Encompass Health Owned Hospitals Holding

Physical Address : 9001 Liberty Pkwy, Birmingham, AL 35242, USA

Street : 9001 Liberty Parkway

City/Town : Birmingham

County/Independent City : Jefferson County

State : AL

Zip Code : 35242

Mailing Address : 9001 Liberty Pkwy, Birmingham, AL 35242, USA

Street : 9001 Liberty Parkway

City/Town : Birmingham

County/Independent City : Jefferson County

State : Alabama

Zip Code : 35242

Phone Number : 2059677116

Email Address : [licensure@encompasshealth.com](mailto:licensure@encompasshealth.com)

Federal Employer Identification Number (FEIN) : 27-2457679

## **Inpatient Hospital Information**

Type of Hospital : General Hospital

Type of Special Hospital : Rehabilitation Hospital

If Other, please specify :

Certification : Medicare;Medicaid

Medicare Provider Number : 49-3033

Medicaid Provider Number : 49-3033

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 :

### **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 :

**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 : 60

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 : 60

Number of negative pressure rooms : 0

Number of decontamination stations : 0

Total Bed Capacity (Excluding Negative pressure rooms and decontamination stations) : 60

### **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 : 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? : Yes

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 : Robert Wisner

Date : 11/26/2024