

## Application Details

<b>Application Status</b>	<b>Approved</b>
<b>Application Id</b>	BLA-0000006576
<b>DBA Name of Facility/Agency</b>	LewisGale Medical Center
<b>Facility Type</b>	Inpatient Hospital
<b>Application Type</b>	Renewal License
<b>Approved Date</b>	12/18/2025
<b>Effective Date</b>	1/1/2026
<b>Expiration Date</b>	12/31/2026

## **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	1/1/2026
Legal Name of Facility/Agency	Lewis-Gale Medical Center, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	LewisGale Medical Center		
Facility/Agency Physical Address	1900 Electric Road		
Street	1900 Electric Road		
City/Town	Salem	County/Independent City	Salem City
State	Virginia	Zip Code	24153
Telephone Number	5407764000	Fax Number	5407764785

### Mailing Address

Mailing Address	1900 Electric Road		
Street	1900 Electric Road		
City/Town	Salem	County/Independent City	Salem City
State	Virginia	Zip Code	24153

Facility/Agency Email Address : collin.mclaughlin@hcahealthcare.com

Federal Employer Identification Number (FEIN) : 62-1760148

Current License Number : H-0001866

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

Full Name : Collin McLaughlin

Title : President & CEO

Telephone Number : 5407764000

Email Address : collin.mclaughlin@hcahealthcare.com

## **Ownership Information**

Legal Name of Owner : Lewis-Gale Medical Center, LLC

**Physical Address** : 1900 Electric Rd, Salem, VA 24153, USA

Street : 1900 Electric Road

City/Town : Salem

County/Independent City : Salem City

State : VA

Zip Code : 24153

**Mailing Address** : 1900 Electric Rd, Salem, VA 24153, USA

Street : 1900 Electric Road

City/Town : Salem

County/Independent City : Salem City

State : VA

Zip Code : 24153

Email Address : collin.mclaughlin@hcahealthcare.com

Telephone Number : 5407764000

Fax Number : 5407764785

Federal Employer Identification Number (FEIN) : 62-1760148

### **Chief Executive Officer**

Full Name : Collin McLaughlin

Email Address : collin.mclaughlin@hcahealthcare.com

### **Chief Financial Officer**

Full Name : Angela Reynolds

Email Address : angela.reynolds@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>
Lewis-Gale Medical Center, 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 : Lewis-Gale Medical Center, LLC

Physical Address : 1900 Electric Rd, Salem, VA 24153, USA

Street : 1900 Electric Road

City/Town : Salem

County/Independent City : Salem City

State : VA

Zip Code : 24153

Mailing Address : 1900 Electric Rd, Salem, VA 24153, USA

Street : 1900 Electric Road

City/Town : Salem

County/Independent City : Salem City

State : VA

Zip Code : 24153

Phone Number : 5407764000

Email Address : collin.mclaughlin@hcahealthcare.com

Federal Employer Identification Number (FEIN) : 62-1760148

## Inpatient Hospital Information

Type of Hospital : General Hospital

Type of Special Hospital :

If Other, please specify :

Certification : Medicare;Medicaid

Medicare Provider Number : 49-0048

Medicaid Provider Number : 49-0048

Accreditation : Yes

Accrediting Organization(s) : The Joint Commission

Is any part of the facility licensed by another state agency? : Yes

### Programs Licensed by Other State Agencies

Type of Beds	Number of Beds
Psychiatric	130

## **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 : Lewis Gale Medical Center Cave Spring ER 2706 Ogden Road Roanoke, VA 24018 LewisGale Medical Center Blue Hills ER 1423 W. Ruritan Road Roanoke, VA 24012

### **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 : Lewis Gale Medical Center Cave Spring ER 2706 Ogden Road Roanoke, VA 24018 LewisGale Medical Center Blue Hills ER 1423 W. Ruritan Road Roanoke, VA 24012

**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 : 506

Total number of authorized infant care stations : 29

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

Number of ICU beds (Adult) : 36

Number of ICU beds (Pediatric) : 0

Number of Inpatient Psychiatric beds (Adult) : 130

Number of Inpatient Psychiatric beds (Pediatric) : 0

Number of Inpatient Rehab beds : 35

Number of negative pressure rooms : 10

Number of decontamination stations : 1

Total Bed Capacity (Excluding Negative pressure rooms and decontamination stations) : 201

### **Operating Rooms**

Total number of operating rooms : 16

## **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 : Joseph Pino, Chief Operating Officer

Date : 10/6/2025