

Application Details

| | |
|------------------------------------|--------------------------------------|
| Application Status | Approved |
| Application Id | BLA-0000006767 |
| DBA Name of Facility/Agency | Spotsylvania Regional Medical Center |
| Facility Type | Inpatient Hospital |
| Application Type | Renewal License |
| Approved Date | 10/23/2025 |
| Effective Date | 1/1/2026 |
| Expiration Date | 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 | Spotsylvania Medical Center, Inc. | | |
| Fictitious Name ("doing business as" or "DBA") of Facility/Agency | Spotsylvania Regional Medical Center | | |
| Facility/Agency Physical Address | 4600 Spotsylvania Parkway | | |
| Street | 4600 Spotsylvania Parkway | | |
| City/Town | Fredericksburg | County/Independent City | Spotsylvania County |
| State | Virginia | Zip Code | 22408 |
| Telephone Number | 5404984000 | Fax Number | 5404984066 |

Mailing Address

| | | | |
|-----------------|---------------------------|-------------------------|---------------------|
| Mailing Address | 4600 Spotsylvania Parkway | | |
| Street | 4600 Spotsylvania Parkway | | |
| City/Town | Fredericksburg | County/Independent City | Spotsylvania County |
| State | Virginia | Zip Code | 22408 |

Facility/Agency Email Address : spotdadmin@hcahealthcare.com

Federal Employer Identification Number (FEIN) : 06-1760818

Current License Number : H-0001934

Administrator of Record(If different than Owner/Operator)

Full Name : Ryan DeWeese

Title : Chief Executive Officer

Telephone Number : 5404984056

Email Address : ryan.deweese@hcahealthcare.com

Ownership Information

Legal Name of Owner : Spotsylvania Medical Center, Inc.

Physical Address : 4600 Spotsylvania County Pkwy, Fredericksburg, VA 22408, USA
Street : 4600 Spotsylvania County Pkwy
City/Town : Fredericksburg
County/Independent City : Spotsylvania County
State : VA
Zip Code : 22408

Mailing Address : 4600 Spotsylvania County Pkwy, Fredericksburg, VA 22408, USA
Street : 4600 Spotsylvania County Pkwy
City/Town : Fredericksburg
County/Independent City : Spotsylvania County
State : VA
Zip Code : 22408

Email Address : spotldadmin@hcahealthcare.com
Telephone Number : 5404984000
Fax Number : 5404984066

Federal Employer Identification Number (FEIN) : 06-1760818

Chief Executive Officer

Full Name : Ryan DeWeese
Email Address : ryan.deweese@hcahealthcare.com

Chief Financial Officer

Full Name : Sarah Falade
Email Address : sarah.falade@hcahealthcare.com

Additional Ownership Information

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

| Full Name | Ownership Percentage (%) |
|-----------------------------------|---------------------------------|
| Spotsylvania Medical Center, Inc. | 100.00% |

Sum of Ownership Percentage (%) : 100.00%

Types of Ownerships & Control : For Profit

For Profit : Corporation

Not-for-Profit :

Public :

Other(Specify) :

Operator Information

Legal Name of Operator : Spotsylvania Medical Center, Inc.

Physical Address : 4600 Spotsylvania County Pkwy, Fredericksburg, VA 22408, USA
Street : 4600 Spotsylvania County Pkwy
City/Town : Fredericksburg
County/Independent City : Spotsylvania County
State : VA
Zip Code : 22408

Mailing Address : 4600 Spotsylvania County Pkwy, Fredericksburg, VA 22408, USA
Street : 4600 Spotsylvania County Pkwy
City/Town : Fredericksburg
County/Independent City : Spotsylvania County
State : VA
Zip Code : 22408

Phone Number : 5404984000
Email Address : spotldadmin@hcahealthcare.com

Federal Employer Identification Number (FEIN) : 06-1760818

Inpatient Hospital Information

Type of Hospital : General Hospital

Type of Special Hospital :

If Other, please specify :

Certification : Medicare;Medicaid

Medicare Provider Number : 49-0141

Medicaid Provider Number : 49-0141

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 |
|---|----------------|
| Department of Behavioral Health & Departmental Services | 28 |

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 : Fredericksburg Emergency Room 5005 Plank Road
Fredericksburg, VA 22407

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 : Fredericksburg Emergency Room 5005 Plank Road
Fredericksburg, VA 22407

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 :

**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 : Fredericksburg Emergency Room 5005 Plank Road
Fredericksburg, VA 22407

Inpatient Hospital - Bed Capacity & Operating Rooms

Bed Capacity

Total number of authorized beds : 133

Total number of authorized infant care stations : 24

Additional Bed/Room Information

Number of ICU beds (Adult) : 11

Number of ICU beds (Pediatric) : 0

Number of Inpatient Psychiatric beds (Adult) : 28

Number of Inpatient Psychiatric beds (Pediatric) : 0

Number of Inpatient Rehab beds : 0

Number of negative pressure rooms : 13

Number of decontamination stations : 1

Total Bed Capacity (Excluding Negative pressure rooms and decontamination stations) : 39

Operating Rooms

Total number of operating rooms : 4

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 : Ashley Murphy, COO

Date : 10/23/2025