

## Application Details

<b>Application Status</b>	<b>Approved</b>
<b>Application Id</b>	BLA-0000007162
<b>DBA Name of Facility/Agency</b>	Bon Secours Mary Immaculate Hospital
<b>Facility Type</b>	Inpatient Hospital
<b>Application Type</b>	Mid-Term Change License
<b>Approved Date</b>	12/14/2025
<b>Effective Date</b>	12/14/2025
<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	Mid-Term Change License	License Effective Date	12/14/2025
Legal Name of Facility/Agency	Mary Immaculate Hospital, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Bon Secours Mary Immaculate Hospital		
Facility/Agency Physical Address	2 Bernardine Drive		
Street	2 Bernardine Drive		
City/Town	Newport News	County/Independent City	Newport News City
State	Virginia	Zip Code	23602
Telephone Number	7578866000	Fax Number	7578866751

### Mailing Address

Mailing Address	2 Bernardine Drive		
Street	2 Bernardine Drive		
City/Town	Newport News	County/Independent City	Newport News City
State	Virginia	Zip Code	23602

Facility/Agency Email Address : alan\_george@bshsi.org

Federal Employer Identification Number (FEIN) : 54-0548200

Current License Number : H-0001873

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

Full Name : Alan George

Title : Hospital President

Telephone Number : 7578866200

Email Address : alan\_george@bshsi.org

## **Ownership Information**

Legal Name of Owner : Bon Secours Mercy Health, Inc.

**Physical Address** : 1701 Mercy Health Pl, Cincinnati, OH 45237, USA

Street : 1701 Mercy Health Pl

City/Town : Cincinnati

County/Independent City : Hamilton County

State : OH

Zip Code : 45237

**Mailing Address** : 1701 Mercy Health Pl, Cincinnati, OH 45237, USA

Street : 1701 Mercy Health Pl

City/Town : Cincinnati

County/Independent City : Hamilton County

State : OH

Zip Code : 45237

Email Address : jmstarcher@bsmhealth.org

Telephone Number : 5139524682

Fax Number :

Federal Employer Identification Number (FEIN) : 52-1301088

### **Chief Executive Officer**

Full Name : John M. Starcher

Email Address : jmstarcher@bsmhealth.org

### **Chief Financial Officer**

Full Name : Travis L. Crum

Email Address : tlcum@bsmhealth.org

## **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>
Bon Secours Mercy Health, Inc.	100.00%

Sum of Ownership Percentage (%) : 100.00%

Types of Ownerships & Control : Not-for-Profit

For Profit :

Not-for-Profit : Other Not-for-profit

Public :

Other(Specify) : Healthcare System

## **Operator Information**

Legal Name of Operator : Bon Secours Mercy Health, Inc.

Physical Address : 1008 Bon Secours Dr, Suffolk, VA 23435, USA  
Street : 1008 Bon Secours Drive  
City/Town : Suffolk  
County/Independent City : Suffolk City  
State : VA  
Zip Code : 23435

Mailing Address : 1008 Bon Secours Dr, Suffolk, VA 23435, USA  
Street : 1008 Bon Secours Drive  
City/Town : Suffolk  
County/Independent City : Suffolk City  
State : VA  
Zip Code : 23435

Phone Number : 7576735929  
Email Address : [pjdavis-hagens@mercy.com](mailto:pjdavis-hagens@mercy.com)

Federal Employer Identification Number (FEIN) : 52-1538513

## **Inpatient Hospital Information**

Type of Hospital : General Hospital

Type of Special Hospital :

If Other, please specify :

Certification : Medicare;Medicaid

Medicare Provider Number : 49-0041

Medicaid Provider Number : 49-0041

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 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 :

**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 : Bon Secours Mary Immaculate Hospital  
Cardiopulmonary Rehabilitation 2 Bernardine Dr. Newport News, VA 23602

**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 : 123

Total number of authorized infant care stations : 38

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

Number of ICU beds (Adult) : 10

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 : 10

Number of decontamination stations : 1

Total Bed Capacity (Excluding Negative pressure rooms and decontamination stations) : 10

### **Operating Rooms**

Total number of operating rooms : 10

## **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 : Shakeela Dickerson, Director of Quality

Date : 11/24/2025